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LECTURES ON SURGERY, MEDICAL AND OPERATIVE,

DELIVERED AT

St. Bartholomew's Hospital;

BY MR. LAWRENCE.

LECTURE LXV.

Mucous Membranes.—Ozæna; Treatment. Epistaxis; Treatment.—Innocent Polypus; Treatment.—Malignant Polypus; Treatment.—Inflammation and Abscess of the Cavity of the Antrum.—Morbid Growths of the Antrum; Treatment.

Serous Membranes.—Wounds of Serous Membranes; Treatment.—Empyema.—Hydrothorax.—Paracentesis Thoracis.—Air in the Pleuræ.—Inflammation of, and Effusion into, the Pericardium.

Affections of Mucous Membranes.—I do not think it necessary to enter into any consideration respecting the general affections of the different classes of membranes, because the observations on the particular affections of those membranes, and their various causes, will sufficiently elucidate the subject; and, in comparing the number of subjects which still remain untouched of the course with those that have been discussed, I find it necessary to bring the observations I have yet to make into the smallest possible compass. I shall, therefore, proceed to notice those affections of the membranes which more especially require attention.

Ozæna.—I had occasion, when speaking on the venereal disease, to mention ulceration of the mucous membrane of the nose, caries of the bones of that cavity, and fœtid discharge accompanying these states, as consequences of syphilis. Such effects occur also independently of syphilis, constituting the disease called *ozæna*, which denotes an affection of the nose, accompanied by a fœtid discharge. Syphilis, undoubtedly, is most commonly the cause of these affections of the nose, but it is not so in all instances. There are cases in which ulcerations, affections of the bones, exfoliation of bone, and a most fœtid and offensive discharge, have taken place from the nose, in individuals who have never suffered from syphilis in any shape, and, as appears rather extraordinary, you may have such symptoms even in young subjects. I have seen them,—at least I have known the fœtid discharge to last for several years in a child, which, although perhaps in some measure alleviated by occasional remedies, yet has not been perfectly removed, but ultimately, in consequence of the apparent inefficacy of the means employed, has been left pretty much to take its own course.

Treatment.—In such a case one naturally has recourse to local remedies. Where you have a serious local affection of this kind, various astringent substances, in the form of lotions, are to be applied; the sulphate of zinc, the nitrate of silver, the oxymuriate of mercury, may either be injected into the nose by means of a syringe, or, putting a small portion of either of such solutions on the palm of the hand, it may be snuffed up,—inhaled into the nose. It is necessary, in the first place, to cleanse the surface of the part affected by means of tepid water, after which the application I have mentioned may be made use of; it is of course necessary to take care that the fluid does not pass into the pharynx through the nose and be swallowed. The adoption of such means as are proper to correct any deviation from health will be proper, and where none exists, perhaps the alterative medicines, with sarsaparilla, may be of use.

Epistaxis.—Not unfrequently hæmorrhage takes place from the nose, and this is technically called *epistaxis*. Young persons are very subject to bleeding from the nose from slight causes. In them the occurrence is of a trifling nature; certain quantities of blood are lost, and then the bleeding stops. If the bleeding should become formidable, rest, with aperient medicines and abstinence, soon put an end to it. But in the adult, and in persons advanced in years, hæmorrhage sometimes comes on to such an extent, and recurs so frequently, that it is indeed alarming, even to the medical attendant; at all events it is troublesome, as

it is very difficult to be stopped. There are instances, indeed, in which the quantity of blood lost from the nose has been so considerable as to render the patient perfectly pale and very feeble, and even apparently to endanger life.

Treatment.—In the commencement of an affection of this kind, you will find marks of active congestion about the head; a sense of increased determination of blood there, which seems to require the employment of pretty active antiphlogistic means,—bleeding generally or locally, the application of leeches, abstinence, rest in the horizontal position, and the application of cold to the head. There are instances, however, in which this treatment does not arrest the particular symptoms, where hæmorrhage recurs repeatedly, and where it becomes necessary to adopt some local means. I have already had occasion to mention to you, that I consider a saturated solution of alum to be one of the best remedies of the styptic kind, and I may now observe, that this may be employed in the case of obstinate hæmorrhage from the nose. A saturated solution may be applied by means of lint, if we think we can reach the part whence the blood comes with a director or probe; or the same fluid may be thrown up into the nose by means of a syringe. We are, however, obliged, in some instances, to proceed further than this, as when we have no other means of arresting the hæmorrhage but that of plugging up the cavity of the nose. If we can stop up the front aperture of the nose, which is easily effected, and also the posterior aperture, by which the nose communicates with the pharynx, the bleeding may be completely arrested. We can introduce portions of lint through the nostril, carrying them up with a director, or a strong probe, and stuffing in portion after portion until the cavity is plugged. In this way we may thus, perhaps, stop the bleeding altogether; but after filling up the anterior part of the nose, we sometimes find that the blood passes over the plug into the posterior opening and into the pharynx, and that it becomes necessary to plug the posterior opening also; this can be easily done from the front. An instrument has been invented for the purpose, which consists of a portion of watch-spring at the end of a metallic stem, like a probe. This is contained in a tube, and passed with the tube from the nostril anteriorly into the pharynx; the instrument, which has gone straight forwards in the tube, is then pushed out, and the spring occasions the end to curve forwards in the mouth towards the palate. You can then fix to the end of this instrument a string with a plug of lint, and draw it in so as to plug up the posterior opening of the nose. You can thus easily stop the posterior aperture, and effectually put an end to the loss of blood.

Innocent Polypus.—The mucous membranes of the body generally, and that of the nose more particularly, are subject to morbid growths on the surface, to which the name of *polypi* is given. They consist of tumours, which adhere to the membrane by means of a comparatively narrow neck, or basis. I now show you examples of polypi of the nose, which, as you observe, are varied in point of figure; yet all of them agree in the possession of a narrow pedicle, or neck, by which they adhere to the membrane. Generally they are of a somewhat round or pyriform shape.

The growths, which are thus produced from the mucous membrane of the nose, are various in point of structure. The most common are of a texture very much resembling the mucous membrane that produces them, and such are called *soft mucous* or *gelatinous polypi*. There are others which are of a firmer, a somewhat fibrous texture. These, however, are not very common in the nose; they have been called *sarcomatous*, or fleshy, polypi. There are others which are of a malignant character, and are pretty closely analogous to those growths which have already been described to you under the name of fungus hæmatodes; they are called *malignant* polypi.

With respect to the more common kind, the mild or mucous polypi, they grow from the exterior surface of the cavity of the nostril, that is, from the turbinated bones, or from the lower part of the æthmoid bone. I do not know of any instances in which polypi of this kind have been found to proceed from the septum of the nose.

They produce no inconvenience in their early stage, and only become perceptible to the patient in consequence of their increase in bulk, and the uneasiness which is thus produced. They fill up the cavity of the nostril, they prevent the breath being drawn through the nose; they produce uneasiness by the pressure which their bulk occasions upon the membrane and the bony parts of the nose. The bulk of these mucous polypi varies according to the state of the atmosphere. In moist and damp weather they swell and become more considerable in size, and then the passage of air through the nostril is obstructed. In dry weather they shrink again, and the patient is able to breathe through the nostril more freely. When the patient complains of the inconvenience arising from polypus, and we look into the nostrils, we observe the polypus presenting itself towards the anterior part of the nostrils, and find it of a greyish or semi-transparent appearance, something like a soft jelly. If we press upon them with a probe, we find that they are hardly

sensible, unless the pressure is made upon the hard parts. When we come to extract them, they are very soft; they yield under the forceps, a kind of serous fluid escapes, and they become considerably reduced in bulk; they seem to consist of something very similar in its nature to mucous membrane.

Treatment.—The only mode of effectually getting rid of these growths, is that of removal by a surgical operation. These, as I have already mentioned, are specimens of various polypi taken out of nostrils; they will give you an idea of the form and mode of attachment; here is a specimen in which they are seen actually hanging from the bones; these are the mild gelatinous or soft polypi. Various modes are described in surgical writings, of getting rid of polypi of the nose; such as by ligature, caustic, tearing and drawing out, or extraction, as it is more gently termed, by means of forceps. Now the latter, in point of fact, is the only mode that is now used. Ligature cannot be applied to a polypus of the nose; caustic can hardly be applied, or at least there is as much chance of your applying it to sound parts, as to the whole of the diseased growth only, and the actual cautery is much too violent a mode of proceeding. The proceeding, then, which we adopt to get rid of a polypus of the nose, is to seize the growth with a pair of forceps, to endeavour to take hold of it as near as possible to the root, or pedicle, or neck, by which it is attached to the mucous membrane, and then either to drag, or twist, or tear it out—a mechanical proceeding, in fact, for extracting the growth. These which I now show you, are the kind of forceps used; they are a little curved at the end, and roughened on the inside, so that they may obtain a firm hold of the growth, and enable you to apply an ample force to detach it from its connexion. These other forceps, also, may be occasionally used,—made like dissecting forceps, terminating in extremities, with a slide, so that when fixed on some object that you wish to hold, and the slide is slipped down, the instrument retains its grasp without the necessity of continuing the pressure. You may have them made differently; so constructed at the ends as to keep their hold according to the degree of firmness which the occasion may require.

Sometimes you have a single growth in the nose—one production, and no more. The patient is very fortunate in whom this is the case. More commonly there are several growths proceeding from various parts of the mucous surface, so that the repeated introduction of the forceps is necessary in order to clear the nostril. Now when you consider how imperfect a view you can obtain of the cavity of the nose from the anterior aperture of the nares, you will be aware that the extraction of polypi is a very blind sort of proceeding. When you have taken away the one that has first presented itself, and the nose becomes filled with blood in consequence of the hæmorrhage that succeeds the extraction, all the rest of your operation is in the dark. You introduce the forceps as widely opened as you can, and seize any thing that comes in contact with them, and drag it out; you may either do this, or twist it from side to side, carrying it backwards and forwards, so as to bring away the whole. You must repeat these manœuvres as well as the circumstances will permit, and you will then clear the nostril.

If these polypi have been neglected for a long time, and have continued to increase in size, they ultimately become so considerable, as mechanically to distend the cavities of the nostrils, and produce very considerable inconvenience by pressure on the surrounding parts. They may produce a pressure that may interfere with the ducts of the nostrils, and consequently produce an obstruction to the passage of the tears. They will press down into the soft palate, pass backwards into the posterior nares, and into the pharynx. Polypi may of course just as well present themselves at the posterior openings of the nose, as at the anterior. Thus, on depressing the tongue, and looking into the mouth, you will see a polypous tumour, perhaps, descending into the throat. Not long ago a child, about ten years of age, was sent to me to be examined, which was said to have polypus. On seeing the to child, I could hardly suppose such a thing existed in her case, for the disease is scarcely to be found in young subjects; but on introducing the forceps, I discovered one. The mother said that the child did not swallow well, and on looking into its mouth, I saw a very considerable polypus presenting from the posterior aperture. I introduced the forceps into the nose, carrying them as high up towards the neck of the tumour as I could, hoping to surround the whole of the growth, so as to draw it out through the anterior opening of the nose, and I extracted a very large piece; indeed I concluded that I had drawn out the whole; however, the child said it still felt that something was left behind, and on looking into the mouth, I saw part of the polypus still; I accordingly pressed down the tongue, introduced the forceps into the mouth, and drew out the remainder from the throat. The piece I then took out was rather larger than that which I had extracted in the first instance. I believe these were parts of one polypus; taking them both together, the growth was certainly not less in size than the circumference of three of my fingers, while in length,

the anterior part of the tumour presented itself at the anterior nares, and the posterior part behind. There has been no reproduction in this case. The removal of polypi in the way I have mentioned, in general produces only a temporary cure; the growths are reproduced; after a time the nostrils become again obstructed, and we find it necessary to recur again to the same measures for relieving the patient. In the case of a single polypous tumour which has been very effectually removed, where we have been able to reach up to the neck of the tumour and carry it away completely, a very considerable time may elapse before reproduction takes place. I removed a tumour of this kind from a gentleman a long time ago, and when it came out, it was clearly brought away altogether. The case was one of single tumour. About four years afterwards, I think, he sent for me again; the tumour had been reproduced, and was again extracted in the same manner. This was about three years ago, so that I suppose he has not again experienced inconvenience from the like cause.

Malignant Polypus.—The tumours of a *malignant* character that arise in the nose, take place under different circumstances, and present themselves under symptoms altogether different from those which belong to the polypi I have just mentioned. The malignant polypi form with great pain; the mild or mucous polypi, form without any uneasiness. The malignant polypi present livid, dirty, bleeding, surfaces. Slight pressure on them with the end of a probe or a director produces a copious flow of blood. The patient experiences very considerable pain, particularly in proportion as the polypus increases in size. After a certain period, these growths increase very rapidly; they distend the cavity in which they are situated; they extend towards the roof of the nostril, and produce great pain by pressing on the bone; they depress the palate; they produce ulceration of the mucous membrane, and a carious state of the bones; and from these various local effects, and the great irritation and pain which the patient experiences, they ultimately terminate fatally. In some instances they make their way through the roof of the nostril into the cavity of the cranium, so that ultimately, symptoms of pressure on the brain are produced, in addition to those which usually belong to the growth of the polypus. Here is a specimen of this kind, which had obtained a most formidable magnitude in a very young subject. It occurred in the case of a patient who died in this hospital. This is one of his eyes; this is the nose, very much enlarged; and here is a section of the tumour, exhibiting a kind of cartilaginous and medullary texture, filling up the whole cavity of the nose, and extending through the cribriform plate of the æthmoid bone into the cavity of the cranium. Here a large mass of it projects into the skull; you will hardly recognise the eye and the nose. Here is a portion of the opposite side of the section, presenting the appearance of a firm cartilaginous growth; this is the opposite nostril, with the optic nerve of that side extending round the tumour.

Treatment.—I need not observe to you, that we have no means of removing by surgical operation, affections of this kind. We can only witness the progress of the complaint, and perhaps adopt occasional means for palliating the sufferings of the patient.

Inflammation and Abscess of the cavity of the Antrum.—The cavity which occupies the body of the superior maxillary bone—the *antrum*—may be the seat of *inflammation*, and of a secretion of matter which becomes collected in that part, the natural opening by which the antrum communicates with the nose being obstructed. Under these circumstances, it becomes occasionally necessary to make an opening into the cavity of the antrum to let the matter out. This is most advantageously accomplished, by removing either the first or second molar tooth. The sockets of those teeth are separated from the cavity of the antrum by a very thin plate of bone, so that when you have removed either of them, you can, with the sharp end of an ordinary probe, or any small-pointed instrument, make an opening into the cavity of the antrum, which will let out the matter, should there be any accumulated.

Morbid Growths of the Antrum.—This cavity is also occasionally the seat of morbid productions, of the polypous kind, or of a malignant nature, or perhaps of a sarcomatous description, which arise within the cavity, and, slowly increasing in size, distend the bony parietes, enlarge the dimensions of the cavity, and encroach upon the parts which are situated in the neighbourhood. These growths will press upwards the inferior portion of the orbit, and thus interfere with the parts contained within its cavity; they will depress the anterior part of the roof of the mouth, causing a prominence in that situation; they will enlarge the cheek externally, and, in fact, by their continued progress, first diminishing the thickness of the bony parietes that constitute the sides of the cavity, rendering them very thin, and then distending them, they occasion a very great increase of size in those parts, and encroach apparently in a very serious manner, on all the neighbouring organs. They frequently loosen the teeth and push them out, and they occasionally make their way out through the

alveolar processes, presenting themselves in the cavity of the mouth.

Treatment.—In the books of surgery, you find various operations proposed for exposing the cavity of the antrum and clearing away the growths that are thus produced, but you will, I believe, never have occasion to resort to them. I cannot say that I ever found it necessary to proceed to an operation of this kind, for although I have seen many instances of very serious growths, existing and producing the various inconveniences which I have detailed, the cases have never proceeded so far that I have judged it necessary to interfere with them by operation; nor have I ever seen an operation of the sort performed by any one else. I could not, therefore, state any thing on the subject from my own experience, nor add to what is already recorded by surgical writers. I do not, therefore, think it necessary to enter into details on the matter. I would only notice here a proposal made by Professor Pattison, of the London University, in an edition of Burns on the Anatomy of the Head and Neck. In very serious cases, he suggests tying the carotid artery, in order to cut off the supply of blood from the growth. The Professor gives some instances in which this operation was attended with such an effect that large portions of the growth sloughed away. I do not know that he mentions any case in which a complete cure was effected, though the evidence would show that considerable effect had been produced, and we should probably deem this proceeding preferable to trephining and cutting away large portions of the upper jaw,—operations which are mentioned by various surgical writers.

Serous Membranes.

Wounds of Serous Membranes.—Wounds which penetrate into the cavities that are lined by the serous membranes of the body require great attention. A wound penetrating into the chest or abdomen, is very likely to produce general inflammation of the surface of the cavity thus exposed; and such wounds are not uncommonly complicated with protrusion of some part of the contents of those cavities.

Treatment.—In the latter case, that is, when there is a protrusion of any of the contents, whether the wound is in the chest or in the abdomen, we must first gently replace the protruded part, and then approximate the edges of the wound, so as to retain them in apposition; we shall thus, most likely, prevent the occurrence of inflammation within. In the case of a large wound, whichever may be the cavity, we shall probably find, that although we can replace the protruded parts, we are unable to retain them in their situation without adopting some very efficacious means of approximating the edges of the wound. I should have no hesitation under these circumstances, particularly in the case of a wound in the abdomen, in applying sutures, carrying them only through the integuments, and taking care that they do not involve the serous membrane. The further treatment will consist in the employment of all the means calculated to prevent inflammation, and these must generally be of a very active kind, for inflammation is very likely to take place, and if it occur in any part of a cavity like that of the peritoneum or pleura, it is immediately propagated over the surface. You can hardly be too active in your treatment, which must be continued until all risk of inflammation is at an end.

There are various circumstances under which a surgical opening into the cavity of the thorax has been considered necessary. In penetrating wounds of the cavity of the chest, particularly those which are made by gun-shots, the cause of the accident, as for instance, the shot, sometimes lodges within, and there remains; or portions of the clothing are carried in; sometimes blood is effused from the wound into the cavity; or the presence of the foreign body may produce effusion of blood, inflammation, and formation of matter within.

Empyema—is the consequence of inflammation of the pleura, arising from internal causes, where the formation of matter takes place within the chest. If for this there be no ready outlet, it increases in quantity, and by interfering with the surrounding parts, the heart, the other lung, the neighbouring viscera of the abdomen, and so forth, produces effects that will be speedily fatal to the individual.

Hydrothorax.—Again; large effusions of serum sometimes take place in the chest, constituting *hydrothorax*.

Further; it occasionally happens that an abscess, whether the result of common inflammation, or of tubercular disease of the lung, opens into the cavity of the chest, and from the opening thus made, which may communicate with some of the bronchial tubes, air escapes into one of the pleuræ, and you have one side of the chest distended. Under these circumstances,—the existence of the presence of foreign bodies, effusion of blood, effusion of serum, abscess, or the entrance of air from the bursting of an abscess,—it may become necessary to make an opening into the chest, in order to give issue to the accumulation within; it becomes necessary to perform the operation of—

Paracentesis Thoracis—tapping of the chest. The best situation for making an opening into the chest, provided you have your choice of the spot, is between the fifth

and sixth, or between the sixth and seventh ribs, in a direction lying between the anterior and lateral parts of the chest. If you make the opening on the left side, you will, at all events, take care to go far enough back, to be completely clear of the situation of the heart. In making an opening into the chest, it might appear advisable to let it be in the lowest or most depending situation. You will recollect, that the superior surface of the diaphragm is in contact with the surface of the ribs to a considerable extent, so that if you make an opening very low, you might cut against the surface of the diaphragm, and fail to give issue to that which you wish to evacuate. Where, also, there has previously been inflammation, the part at which the diaphragm and the ribs come in contact, is sometimes occupied by adventitious substances from the effusion of lymph; if, therefore, you were to make a puncture in that part, the escape of matter could not be effected; consequently, the proper situation for performing the operation of paracentesis of the chest is between the fifth and sixth ribs.

Further; it is advisable to make the opening on the upper margin of the lower ribs, in order to avoid wounding the intercostal artery.

In the case of empyema, that is, where matter is contained within the cavity of the chest, you would of course take into consideration the previous symptoms; for these will enable you to decide whether it is probable that matter has formed. You must consider also the actual state of the patient at the time you make the examination, and, if the symptoms have indicated inflammation of the pleura—if there have been severe pain on one side of the chest—if there have been that degree of difficulty of respiration which is produced by pleurisy—if aftera certain length of time rigours have come on, indicating the formation of matter—if at the time you examine the patient, you find that one side of the chest is swelled, is œdematous (for the formation of matter in the interior of the chest is so great, as to be attended with œdematous tumefaction of the cellular membrane externally, similar to that which marks a phlegmonous abscess in any part of the body)—if in addition to these circumstances you find that there is any obvious enlargement of one side of the chest as compared with the other, and that there is a partial protrusion of some of the intercostal spaces indicating the presence of matter in some particular part—if you find on percussion that there is a dull or dead kind of sound on the side of the chest at which you make the trial, and that there is an absence of that resonance which indicates the healthy state of the lung,—and if you also find (supposing the inflammation to have taken place on the left side) that the pulsation of the heart is not perceptible in its proper place, but perhaps under the sternum, or middle of the chest—you may then pretty safely conclude, that there is a collection of matter in the cavity of the pleura. This collection of matter becomes so considerable, that if it occur on the left side, it will even push the heart over to the right side; you will find an absence of the pulsation on the left side, the heart beating on the right. If the collection of matter have taken place on the right side, the diaphragm will be pressed down, and the liver will be pushed downwards also, so that its edge can be felt below its natural situation in the abdomen. These are circumstances by which you can estimate pretty accurately the existence of matter in the cavity of the chest, and which, when the symptoms are so well marked, would justify you in making an opening through the parietes of the chest for the discharge of such matter.

You will ask, perhaps, Is it probable that the patient will be saved by making such an opening? Why that is extremely doubtful; the circumstances are very serious; many difficulties present themselves, when we come to consider the question of recovery. However, the progress of the affection, if left to itself, is so necessarily fatal, and the circumstances under which such a patient is situated are so desperate, that an attempt to save him is rendered perfectly justifiable.

Now, on examining the body after death, we find the whole interior of the cavity containing the matter, lined by a thick stratum of what we should call coagulable lymph,—a thick adventitious membrane, a quarter of an inch, or even more, in thickness. We find the cavity converted into a state very similar to that of the cyst of an abscess; we find the lung condensed and reduced in size, perhaps to a fifth or a sixth of its natural dimensions,—shrunk, and closely agglutinated to the side of the chest.

We may immediately perceive, therefore, by these circumstances, and by making a comparison between the mode of recovery here, and that in which an abscess in other cases is to be healed, that there are great difficulties in the way of a cure. If you have an abscess in any of the soft parts of the body, when you have evacuated the matter, the parietes or sides can contract; they can approach, and gradually do approach, so as to obliterate the cavity; but here you have the walls of the cavity in a great measure bony, and not admitting of that contraction; the condensed lung cannot expand again, so as to fill up the place it formerly occupied. We find, therefore, that after letting out the matter, the space previously occupied becomes more or less

filled by air that passes in at the opening through which the evacuation has been produced; that this air occasions decomposition of the remaining matter, and becomes very fetid; this change is almost enough of itself to cause death; but certainly in the feverish state of the patient, and under all the circumstances attending the affection, it adds considerably to the danger. In certain cases, however, the patient will surmount them all; perhaps the lung becomes partially expanded, the side of the chest gradually contracts, and after a considerable time (more particularly if a complete cure take place) the affected side undergoes a remarkable diminution in size when compared with the other side, so that the intercostal spaces are almost obliterated; and in old cases the contrast between the sound and morbid sides is very considerable. A case of empyema, then, is of course to be regarded as one of a very serious kind; the prospect of the patient is very unfavourable, whatever course we may pursue; but, under certain circumstances, the operation for evacuating the pus, affords the only prospect of preserving life, and is, therefore, to be undertaken in such cases.

Hydrothorax.—With respect to the effusion of water into the chest—*hydrothorax*—the case is less favourable for operation. This, of course, can only be undertaken when the effusion exists on one side. If it have taken place in both, we cannot for a moment entertain the idea of making an opening into the cavity. There are, perhaps, very few instances in which the effusion of fluid into the chest (or hydrothorax) is an idiopathic affection; that is, arising from disease occurring in, and confined to, the serous membrane. Writers on the subject acknowledge that simple idiopathic hydrothorax is very rare. In general, it is merely a symptom of organic disease of the heart, lung, or some other part of the body; and, of course, the removal of the water in such a case could be of no benefit to the patient. I have never seen a case where it was at all desirable for even temporary relief, and therefore I suppose a case indicating the necessity for it, is very uncommon.

Air in the Chest.—With respect to the admission of air into the chest, I have had occasion to mention to you that in wounds of the lung, from which air escapes into the cavity of the chest, where collapse of the lung is the consequence, and where the introduction of air into one side of the chest produces a difficulty of breathing, in consequence of the mediastinum being pushed to the other side, it may become necessary to make an opening to let out the air on that side. The same observation applies to a case which would be called by the French *pneumothorax*, that is, where an abscess of the lung bursts into the chest, and some of the bronchial tubes still remaining open, the air taken into the lung by those tubes passes out of it into the cavity of the pleura. I saw a case of this kind in a medical man some time ago, where subsequent to symptoms of active inflammation of the lung, indicating that degree of inflammation which would have preceded the formation of an abscess, the symptom, indicating admission of air into the chest, supervened, viz. the production of a tympanitic or hollow sound on percussion of the side into which the air had escaped. On tapping with the hand the side of the chest into which the air has been introduced, you obtain a similar sound, noise, and sensation, to that produced on patting the abdomen with the hand, when the intestines are distended with air. There is, moreover, in such a case a very peculiar sound communicated to the ear. If you put the ear in contact with the chest, the passage of air into the chest poduces what Laennec has called the *metallic tinkling*, that is, the sound which is produced by the dropping of shot into a porcelain or earthen vessel. Indeed, I do not know anything that could more accurately represent it. The existence therefore of this metallic tinkling, combined with a tympanitic sound on percussion, of previous symptoms indicating the existence of inflammation and formation of matter, and the further combination with those symptoms of great difficulty and distress in breathing, arising, in the first instance, from the collapse of the lung on the side where the air has been introduced, and, secondly, from the pressure of the mediastinum, when the air has been received, against the other side, sufficiently point out the nature of the affection.

The reasons for making an opening into the chest under these circumstances, are, the great distress of breathing which is immediately produced, and the necessity of giving to the patient some relief from the very urgent symptoms under which he is labouring. The great probability, or rather the certainty, we may say, is, that the patient will perish. The only question is, whether, as far as the operation goes, we can give temporary ease—whether we can lessen the great difficulty of breathing. In the instance to which I have just alluded, on making an opening into the chest, there was a great rush of air from within, and the patient subsequently became easy. From the progress of the complaint, however, he died, though he was completely relieved at the moment, which is all that could be accomplished, though this seems to me to be a sufficient reason for having recourse to the operation.

Inflammation of, and Effusion into, the Pericardium.—Respecting inflammation of the pericardium, and the effusion of fluid into it, mention has sometimes been made of an operation for removing the fluid, though I believe there is no instance on record in which any such operation has been performed.* I can hardly, for my own part, and judging from my own experience, consider it possible that any combination of symptoms could arise to justify such an operation; I have, therefore, nothing to say to you respecting the tapping of the pericardium.

ON THE

EPIDEMIC FEVER OF IRELAND;

By D. J. Corrigan, M.D.

(*Concluded from p. 575*).

Climate or season, absence of cleanliness and crowded apartments, intemperance, contagion, all these have, severally, or together, been put down as principal causes of fever.

To climate or season being a cause of fever, the answer is given in the facts already stated, each epidemic having raged through heat and cold, through summer and winter, spring and autumn. The vulgar opinion that cold has power in checking epidemic fever, is totally without foundation. In the two last visitations of 1817 and 18, and 1826 and 27, the epidemics were at their height in the middle of winter, and began to decline in warm weather.

As to absence of cleanliness, want of ventilation, with crowded apartments, or intemperance, being causes of consequence in the production of epidemic fever, it is obvious that there can, among the lower orders, be no change in these particulars sufficient to account for the effect attributed to them.

Were absence of cleanliness, ventilation, &c., causes of any importance, there should be some relation between changes in these particulars, and the extent of the epidemic; but it has never been proved that with the rise of any epidemic there had been increase of filth or slovenliness, at all corresponding with the increase of disease.

When the epidemic of 1826 appeared, an act of parliament was put in force, suggested by the Board of Health, which obliged each parish to appoint persons denominated officers of health. Their duties were to see that all nuisances, as collections of manure, &c., were removed, and that the habitations of the poor were whitewashed. Much money was expended in this way; in cleaning out depôts of filth for those who were too indolent to do it for themselves, and in whitewashing rooms for poor creatures who then had not the price of fuel to dry their wet walls.

These measures of cleansing coming from a board of health, and enforced by an act of parliament, had an imposing effect; but a little reflection would have convinced any one who had had independence enough to think for himself, that it was very improbable that a dunghill or slaughter-yard which had lain for years quiescent, should have suddenly taken on and retained the new power of elaborating fever, or that the walls of a weaver's apartment, in which for successive summers one or more families had lived in good health, should have acquired in the midst of winter the power of vomiting forth contagion.

I would be far from undervaluing the advantages of cleanliness; but it is plain, that all those matters over which the officers of health were given control, had equally existed, for an indefinite period of time, and without being accompanied by an epidemic, and that spending time and money in their removal, was bad in two ways. It was a useless expenditure, and, presenting an appearance of active exertion, drew away attention from the real cause. The act of parliament took away all discretionary power from the parishes; they might spend as much money as they pleased in the idle measure of whitewashing rooms and staircases, but they could not lay out one penny to save a fellow-creature from starvation.

Contagion has been advanced as the sole, the indispensably exciting cause of the epidemic fever of this country.

That it is not the sole or original cause, may at once be established by asking, How did the first case of typhus (for instance) originate? Not from contagion, for contagion must first have been generated by a body labouring under the disease; it being granted by the contagionist that even one case could arise without the application of contagion, it follows that any number might arise in the same way. Contagion, then, cannot be the sole cause. It may be said nothwithstanding, that contagion, generated no matter how, in the first instance, is the cause of the rise and spreading of our epidemics. The most sanguine supporters of contagion allow that it becomes inert at the distance of even a few paces from the body generating it. This being admitted, it is totally impossible, on the principle of contagion, to account for the rise of an epidemic. The epidemic of 1817 broke out in the months of June and July in Clonmel and

* It has been performed by Larrey, and (four years ago) by Mr. Jowett, of Nottingham. Vide Lancet, vol. xi., p. 712.

Belfast, in Kinsale and Armagh, in Youghal and Londonderry, in Tramore and Enniskillen, points of the country the most distantly removed one from the other. It is not within the bounds of credibility to suppose that contagion, which demands almost contact for its transfer, could have travelled at such a rate as to raise fever within the short period of six weeks in points of the country so far removed from one another as these.

Much stress was laid on travelling mendicants disseminating contagion. Mendicants in seasons of distress invariably turn their course to towns: the disease should therefore appear early and rise rapidly in such places. It is not so.* In 1816 the epidemic was extended through the country parts of Connaught; it did not attract attention in the towns surrounded by the epidemic, until the summer of 1817. The last epidemic (of 1826), tis true, reached a height in Dublin unequalled in the country; but it was local; so also was the distress.

There is still, however, a better answer to the contagionists. All our epidemics have been of the same kind; it is admitted on all hands that they do not differ from the ordinary low fever of the country, and the country is never altogether free from fever. Contagion is therefore generated at all times. Were it of sufficient power at any period to create an epidemic, that epidemic should never cease unless from a want of victims, for it would carry with it the seeds of its own increase. It may be said that such a result is checked by ventilation, by separation of the sick from the healthy. No one, however, can venture to assert that in any epidemic the separation has been such as to justify such a supposition. In the epidemic of 1817 one million and a half of patients passed through hospital, and one third is too low an average by which to calculate the number who did not seek, or could not obtain, hospital accommodation.

It is not within the design of this paper to go into the nature of contagion,—to attempt to decide whether there be or be not such a matter. My object, as I have already stated, is purely practical, and it is sufficient for me to show that that to which epidemics have been attributed, is not a cause of such importance as to demand much time or money to be expended in combating it. The power that contagion exerts in generating or continuing an epidemic is evidently very weak, and this is, for a practical purpose, all that we desire to know.

To sum up. Epidemic fever in Ireland cannot depend on climate or season, for I have shown that it has raged unchanged through every variation, through heat and through cold, through wet and through drought; it cannot depend on changes in the condition of the poor as regards cleanliness, ventilation, or temperance, for their habits in these respects never vary much; it cannot depend on contagion, for contagion must first have been generated by fever, or being once generated must have never ceased to spread, until it perished from a want of subjects.

Epidemic fever may be attributed to a mysterious something, an occult quality in the atmosphere; but it would be bad philosophy to pass by a visible and palpable cause, and ascribe an occurrence to an agent, of the very existence of which we have no proof. We find FAMINE invariably preceding or accompanying epidemic fever (it matters not how other circumstances vary), and FAMINE, therefore, we are justified in marking out as its grand cause.

The people of Ireland are peculiarly liable to become the victims of such a pestilence. The effect of competition among a superabundant unemployed population, has been to reduce their wages to the lowest sum on which life can be supported. Potatoes have hence become their staple food. If this crop be unproductive, the earnings of the labouring class are then quite insufficient to purchase the necessary quantity of any other food. Corn is altogether out of reach of their means, and thus, with an abundance of it around them, so great as to admit of exportation, they STARVE in the midst of plenty, as literally as if dungeon bars separated them from a granary. When distress has been at its height, and our poor have been dying of starvation in our streets, our corn has been going to a foreign market. It is, to our own poor, a forbidden fruit.

The potatoe has, I believe, been a curse to our country. It has reduced the wages of the labourers to the very smallest pittance, and when a bad crop occurs, there is no descent for them in the scale of food: the next step is starvation.

Intemperance has been cast up as a reproach to our people, and put forward as the great source of all their evils. When reverses come, even those of superior education often turn to intemperance to drown the pangs of reflection. It is not to be wondered at, that among the inferior classes the only balm that promises forgetfulness of their woes should be so often had recourse to, and that, at last, intemperance should become a characteristic habit of our poor. I have wandered, perhaps, from my subject, but the conviction on me is strong that it is idle to think of improving the moral condition of our people, whether with a view to the prevention of disease, or the advantage of humanity, until we shall have

* Vide Barker and Cheyne's Reports.

first provided them with the means of support.

"———Un ventre affamè
N'a point des oreilles,"

is a saying that comes home to the feelings of every one.

While considering the influence which the *comforts* of living exert in warding off disease, it may not be uninteresting to mention a few facts which show, what might not at first be suspected, the very intimate connexion that exists between the prosperity of a country, or city, and its health. The climate or situation is of much less consequence than we suppose. The health of a city bears a direct ratio to its prosperity. It is an old remark, that if a merchant be attacked with fever when his affairs are deranged, the chances of recovery are small. What is true of an individual applies to a community. In 1777, Amsterdam was one of the most thriving cities in Europe; the mortality was then one in twenty-seven. In 1821, Amsterdam had become a wretched city; the mortality had risen to one in twenty-four. In London, in the middle of the last century, the mortality was one in twenty, considerably greater than that of Amsterdam; yet, in 1821, while in Amsterdam the mortality had increased, in London it had diminished to one in forty.* In Paris, for fifty deaths in a rich arrondissement, there are one hundred in a poor one; the mortality is double.† In New York, in 1826, the mortality among the whites was one in forty, among the blacks one in nineteen. In Baltimore the slaves are treated much better, and there the mortality is but one in thirty-three. Wherever war, or other cause, has produced WANT, there also has been PESTILENCE. Our own civil wars, for the last 700 years, have been followed by it. During the wars of Montrose, in the reign of Charles I., fever devastated Scotland. In 1813, in the flight from Russia, it marked, as a wake, the course of the retreating army.

"It is only by constant efforts of industry that the salubrity of any spot is maintained; when these are relaxed, or when prosperity and civilization decline, the seeds of disease are immediately deposited in the earth. The agueish disposition has been observed to increase in Rome, in the same proportion that its population has diminished. On the other hand, it is well known that the climate of the United States has been remarkably improved by draining, cutting down trees, and the operations of agriculture, and that spots which were uninhabitable, or fatal to the early settlers, at present afford a comfortable residence."‡

I have, I trust, shown enough to prove the intimate connexion between want and disease, and sufficient to prove that want stands paramount beyond all other causes. It is not *my* province to go farther. It is for the political economist, when the medical observer has pointed out this cause, to devise the measures best calculated to take away, or lessen, that cause. To him whom fortune or station has called to such a task, there is a high incitement to serve his country. He will have the gratification of feeling, that while promoting the prosperity and wealth of his country, he is its best physician, diminishing deaths and dispensing longevity.

It is much to be regretted that there are no statistical accounts of the diseases and deaths which occur in this country. They would afford much valuable information to the physician, the philosopher, and the politician, and present always a fixed point from which to argue in concerting measures for the removal of disease. We boast often of our superiority in these kingdoms over our continental neighbours, yet, in measures that have for their object the general good of society, we are behind some of the most petty states. We are a selfish people.

While on the subject of epidemic fever, I cannot avoid taking notice of an article in the *Edinburgh Review*, No. 62, on this subject. The following passage occurs in Bateman:—"As, unquestionably, epidemic fever is generated in the first instance by defective nutriment, so we cannot doubt that it continues to originate in many successive individuals during the existence of its cause, independently of any communication with each other." The reviewer, who is a violent contagionist, is criticising this passage, and replies thus:—"Now we will confess that this doctrine appears to us not only to be erroneous, but to be the very reverse of true; for we believe that defective nutriment (provided it do not go the length of impoverishing the blood, and thus depraving the solids) instead of being favourable to the existence of fever, is the very reverse." After theorising as to why it should be so, he goes on, "Nor is this opinion merely theoretical; we have the evidence of many facts confirming it, did our limits permit us to state them. Out of the many, however, we may mention the very striking one, that in the present sickness, fever has been proportionally more fatal among the rich than the poor." This paragraph contains great absurdity, and bad logic. The reviewer talks of *defective* nutriment which does *not*

* Hawkins' Medical Statistics.
† Villermé.
‡ Hawkins' Medical Statistics.

go the length of impoverishing the blood. *Defective* nutriment can only mean nutriment which does go to this length. The word can bear no other meaning. To speak of *defective* nutriment, and yet make a proviso in favour of its *not* impoverishing the blood, is manifest nonsense. The exception which the reviewer makes, "provided it do not go the length of impoverishing the blood," &c., is a confession that if it *do* go this length (and *no* other can be defective nutriment), it will be favourable to the existence of epidemic fever. This is all I want. Now as to the logic of the reviewer. He says he has many facts to prove that among the scantily fed, fever is less apt to occur than among those who live well; that he has many facts did his limits permit him to prove this, but that he confines himself to "the very striking one, that in the present sickness, fever has been proportionally more fatal among the rich than the poor." For the facts which he does *not* advance, we cannot of course give him credit. Let us consider the *one* which he has advanced, selected, of course, because he thinks it the most striking and the most convincing in proving his point. He argues thus:—Fever is more fatal among the rich than the poor, therefore it is more frequent among the rich. There is here, in the reviewer's reasoning, a "non sequitur." The consequence does not follow the premises. The reviewer's error is one committed by many who confound the fatality and the frequency of a disease. They are very distinct. If twenty rich persons, and twenty poor or ill fed, be attacked with fever at the same time, that a greater number of rich than of poor will be carried off I do not deny; but if an equal number of rich and of poor be exposed to the same contagion, that the liability to catch the disease will be as great with the rich as the poor I do deny. The reviewer's error lies in supposing that the greater fatality in disease in a certain class necessarily involves a greater frequency of disease. There is not only no connexion whatever between the two, but they even bear an inverse ratio to one another. The poor are the more liable to fever, but recover easily and quickly from it. The rich are the less liable, but once attacked, fever with them runs higher and quicker, and the disease is severe and fatal. The reviewer's error might be attended by bad consequences. To the general reader his argument is a specious one, and by disseminating the belief that want of food has little to do with the production of epidemic fever, turns away attention from a fruitful cause of the disease, and affords, equally to the charitable, the selfish, and the indolent, reasons for withholding exertion towards supplying the poor with food; in fact, it would justify them in opposing a supply altogether.

My assertions as to the respective liabilities to fever of the rich and of the poor,—as to the respective frequencies of the disease in the two classes, and as to these two being totally unconnected, are easily borne out. In the last epidemic, that of 1826, it will be easily remembered that while the poor were lying ill in thousands, there was little or no fever among the rich. The fact of the poor being the principal sufferers in epidemics is so marked, that with all writers the greater frequency of disease among the poor is laid down as a principal characteristic feature of epidemic fever in Ireland. In Dublin alone, in the epidemic of 1817, more than 42,000 persons passed through hospital. In six months of 1826, 6264 passed through Cork Street Hospital. The *mortality* among the poor bears no proportion—no relation to this frequency. The average mortality in ordinary sporadic fever among them is, one in twelve; in an epidemic, so low as one in twenty-four. The mortality, on the other hand, among the rich is one in three, and calculated by some so high as one in two.* The article mentioned in the Edinburgh Review, on the subject of epidemic fever, contains false facts and bad reasoning, but it is not necessary to pursue these further.

After the view which I have presented of epidemic fever and its cause, little need be said of the means best adapted to guard us against it. It remains for others than the physician to provide the preventive; it is to be found not in medicine, but in employment, not in the lancet, but in food, not in raising lazarettos for the reception of the sick, but in establishing manufactories for the employment of the healthy. This is the true mode of banishing fever from this country. We possess a climate superior to most in the world. On our hills, the flowers of the Arbutus (not to be met with again until we reach the south of the Alps) indicate a mildness of climate and an equality of temperature to be found on no part of the continent. Our summers are less hot, our winters less cold, than the corresponding seasons in more boasted southern climes.

Much time must, however, elapse before measures, however well devised, can be brought into effective operation, to enable our population to possess within themselves the means of procuring sufficient supplies of food, and it therefore remains to be decided what should be our course in distributing nourishment, were we again to be visited by an epidemic such as that of 1817 or 1826. In 1826 a committee was appointed to superintend in the metropolis the distribu-

* Barker and Cheyne's Report.

tion of funds collected for the purpose of meeting the epidemic. They were not impressed with the intimate connexion between want and disease, and believed themselves acting for the best when they confined the exhibition of food to those who had gone through hospital, or had struggled through fever in their own homes. The distribution of food, even thus, was attended with good results, but not equal to those which would have appeared, had the food been given not as a restorative to the invalid, but as a preventive to the man in health. It is much better and easier to prevent the accession of disease than to remove it. Instead of waiting until the tradesman had caught fever, and then supporting him through, perhaps, a long illness, a tedious convalescence, and frequent relapses, food should have been administered previously. Instead of time being allowed to pass by until the tradesman's family had been deprived of his assistance, gratuitous support being then required for them, the parent should have had nourishment to enable him to continue his labours, or at least to preserve his health until employment should offer. There is an objection to such a plan by many on the score of economy, but it is only an apparent objection. It will be granted on all hands, that if the labouring classes become the subjects of fever, they must not on their recovery be allowed to die of starvation; and the only question, then, is, whether it is cheaper to feed them, and thus keep them in health, or to allow them to catch disease, and then support them during their recovery. As to which of these modes is the preferable, there cannot be a moment's deliberation. Another objection, apparently of more weight, is, that the distribution of food on such an arrangement would open ways to the slothful and undeserving to live on the contributions of the charitable. This objection applies, however, not to the principle but to the details, and under a well-conducted system the impositions could not be many. There must, of course, be some, let the care be ever so great. But would the amount of imposition practised be more than equivalent to the good obtained? It certainly would not.

In St. Catherine's parish in this city, containing a dense population of weavers, and suffering a proportionate infliction of fever, the mode of distributing food here recommended, was attended by the happiest results, and, in the details, a plan was adopted, that lowered imposition to a very trifling amount. Support was not given to all who presented; nor to any for an indefinite time. Tickets were issued to those ascertained beyond a doubt to be in distress. These tickets remained in force for fourteen days; at the end of this time, if necessary, the individual holding the ticket received a fresh one, and no ticket was given, unless at the residence of the applicant, whose real circumstances thus came under the eye of the inspector. Of the possessors of these tickets, those in extreme distress received each a quart of hot soup, and a roll of bread *gratis* every day. Those whose distress appeared to be less urgent, were obliged to pay for the same quantity each one penny, about one-third of the original cost. Sometimes those who stood during one fortnight in the greatest necessity, were, during the next, able to purchase food, and thus contribute to the fund by which they themselves had been relieved. In some parishes, as on former occasions, food, as oatmeal, potatoes, &c., was given out in a raw state. This was a bad arrangement. The poor who were unable to purchase food, were equally unable to purchase fuel to dress it. Moreover, the raw material was easily disposed of, and thus an inducement was held out to the impostor, to whom such a mode offered an easy means of procuring the price of whiskey. Food should always be distributed in such a form as to make its immediate use necessary. The demand of the small sum of one-third of the original cost for food, while it brought wholesome food within the reach of numbers, was a constant stimulus to exertion with the slothful; and while the poor, industrious, tradesman, was enabled to support himself thus cheaply, it took away the repugnance often felt by him to accept gratuitous relief, and did not permit him to feel that he had yet sunk to the grade of a mendicant. The sum thus obtained in pence from the poor, and returned to them in the most advantageous exchange for themselves, namely, in good wholesome food, amounted to much more than might be at first supposed. In this one parish (St. Catherine's), the sum received from them in little more than six months, was 277*l.* 0*s.* 1½*d.* This, with the parish subscription of nearly the same amount, and a grant from the mansion-house committee of 600*l.* made the receipts in all, 1,142*l.* 13*s.* 1½*d.* For this sum, 550 persons were supplied daily, each paying one penny per diem, and forty persons gratuitously, with a full allowance of wholesome, dressed, food for 197 days, a period of upwards of six months, from the 16th of Nov. 1826 to 31st May 1827, a balance remaining on hand at the end of this time of nearly 100*l.* The sum expended (it should be observed) included fuel, bedding, and all incidental expenses. An accurate inspection of the extent of disease in the parish was kept up during the greater part of this time, and the following shows the result and the influence which the distribution of nourishment, as managed above, had in the very depôt of

fever. An inspection showed, on the 9th of January, 1827, (and at this time the severity of the attack had gone by,) 216 persons lying ill of fever in their own homes, 480 convalescent, giving, in a population of 2,100, one-third of them either lying ill or recovering from fever; this, observe, did not include the number lying in the different hospitals. On the 24th January, the number in fever was 198; on the 8th February, 109; on the 22d, 92; on the 10th March, 82; on the 24th, 47; and on the 7th of April, only 39.

In giving this statement, it would be an act of injustice in me not to mention the name of one, whose exertions, during the lamentable period mentioned, were above all praise—John Purser, Esq. Others might bestow money; he gave time; and in his exertions he was warmly supported by B. L. Guinness, one of a family in which benevolence seems to be an heir-loom.* The gentleman first mentioned introduced, and supported, untiringly, by his individual exertions, a system of management, during the whole period, that may well serve for a model in all similar undertakings.

I may now close my observations on epidemic fever; they are the fruits of close attention and some experience; they may be erroneous in some trifling points, but in the main,—in that which argues that famine brings fever, the conviction is strong in me that I am right; and whenever such a visitation again occurs, the motto at the head of this article should ever be the foundation of all our proceedings:—'Ο λοιμος μετα λιμον.

13, Bachelor's Walk, Dublin.

HISTORY

OF THE

UNENDOWED HOSPITALS OF LONDON.

By Paul Cox, *Esq., of Westminster, &c. &c. &c.*

The first public institution in Great Britain which was raised and supported by the annual voluntary contributions of individuals, was the establishment (situated in the obscure district of Petty France) and formerly called *The Public Infirmary*, but now generally known as *the Westminster Hospital*. Previous to this, the five royal hospitals, viz., St. Bartholomew's, Christ's, St. Thomas's, Bridewell, and Bethlem, were, with the exception of parochial asylums and almshouses, the only establishments designed for the relief of the indigent. Originally, the care of the poor being universally entrusted to the bishops, for which purpose a fourth part of the church revenues was appropriated, houses for the reception of the sick were erected in the neighbourhood of convents, and their medical superintendance was undertaken by the monks. St. Bartholomew's and St. Thomas's hospitals originated in this manner. The first was founded in 1102, by Raherus, prior of the Black Canons of St. Bartholomew, and the last was instituted in 1207, by Richard, prior of Bermondsey. These institutions were, after the alienation of church property, richly endowed respectively by Henry the Eighth and Edward the Sixth.

At the period of the Reformation, the sources of support to the poor were involved by the king and the nobles in the general spoliation of the church, and such was the magnitude of the misery produced, that in the reign of Elizabeth, it became necessary to institute the now-existing poor-laws. The increase of commerce and manufactures, which occurred in the reigns of William and of Anne, produced a corresponding increase of population, and a proportionate multiplication of paupers. In London, the two before-mentioned hospitals of St. Bartholomew and St. Thomas, although jointly capable of containing 900 patients, were found perfectly inadequate to the relief of the metropolitan sick-poor; and it required the greatest activity on the part of the benevolent, to avert the catastrophes which want and disease were ever promoting.

At the commencement of the eighteenth century, no person was more distinguished in these works of charity, as they then were, than Mr. Henry Hoare, a banker, residing in Fleet Street. This gentleman finding that the exertions of individuals, however zealous, tended but partially to alleviate the surrounding distresses, projected, with the aid of his friends, the formation of a charitable society, adapted for the more systematic promotion of their philanthropic views.

The first meeting of this association took place at St. Dunstan's Coffee House, Fleet Street, on the 14th January, 1715; there being present, Mr. Henry Hoare, the founder, Mr. William Wogan, Mr. Robert Witham, and Mr. Patrick Cockburn. The following resolutions were agreed to:—1st. That the Rev. Mr. Cockburn be desired to draw up a plan of government for the Society; 2nd. That a room be hired for the use of the sick; 3rd. That a weekly meeting take place every Monday at five o'clock P.M., in St. Dunstan's Coffee House.

* Alderman M'Kenny, with the greatest kindness and liberality, gave extensive premises for the use of the soup kitchen, for storing turf, straw, &c., rent free.

Judging from the plan drawn up by Mr. Cockburn, it would appear that the purposes of this association were five-fold.

1st. To supply the poor during sickness with the necessary food and physic, as well as to procure the assistance of physicians and surgeons and the attendance of nurses.

2nd. To provide accommodation and attendance for lying-in women.

3d. To visit and relieve destitute prisoners in the metropolitan jails.

4th. To provide for the wants of distressed foreigners, whether arising from poverty or disease.

5th. To supply religious instruction to the sick and needy.

At a subsequent meeting two books were provided, one to contain the minutes of the Society's transactions, and the other the account of receipts and expenditure; and they were placed in the hands of Mr. Wogan, who was declared treasurer. These have since been multiplied to forty, by the simplified system of the present day. A room was procured in the house of Mrs. Sherman, in the Bird-cage Walk, St. James's Park, and fitted up as a repository for medicines and other materials; but there is no record of any patient having been received into it.

At this time a number of ladies, and particularly a Mrs. Froud, interested themselves in the welfare of the infant charity, and through their influence, an eminent physician of that day, Sir John Colbatch, was induced to contribute his support. The following is the letter in which he announced his intention:—

"Easter day, 1715.

"Good Madam,—I have often thought of that charitable and truly Christian scheme that I saw at your house, and I shall gladly contribute whatever is in my power to advance it.

"The city of London has several noble foundations to relieve the needy sick, who are the greatest objects of human compassion; but Westminster, the abode of the royal family, of the princes, nobility, and gentry, of the nation, has no such thing, which is a great reproach to it.

"I am just delivered from a most dangerous illness, and cannot but seriously reflect with myself, how miserable I had even now been, if I had wanted common necessaries in my distress.

"My compassion has ever been open to the distressed; but what can a slender single fortune do? I am in a good measure able to lay a platform for this excellent work, which I will readily undertake, and promote by all the ways I am able; and I am willing to be one of the physicians without fee or reward, but what shall redound from the pleasure and satisfaction of assisting the necessitous.

"If you think it proper, pray communicate this to the excellent ladies.

"John Colbatch."

In the following April, this gentleman became the first physician of this charity, which at this time assumed the name of the "Charitable Society."

These benevolent individuals continued for a few years to relieve in this manner the miscellaneous objects which presented themselves; but towards the end of the year 1719, they deemed it expedient to restrict their views within a narrower limit; and accordingly a numerous meeting of the gentry and clergy, resident in Westminster and its vicinity, took place at St. Dunstan's Coffee House, in Fleet Street. It was then unanimously resolved that the society should confine its intentions to "the procuring, furnishing, and defraying the necessary expenses of an infirmary, or place of entertainment, for such poor persons inhabiting the city of Westminster as shall be properly recommended;" and "to allow suitable relief to such persons as are incapable of being removed from their respective abodes."

Various rudimental laws were also passed for the regulation of the Society, and which are incorporated in its present code. Unfortunately, the legislators who subsequently favoured the charity with their aid, were not endowed with the most crystalline understandings, for the growth of the present mass of regulations has resembled the adventitious accretion of a snow-ball, it is without animation or organising principle.

Some difficulty was experienced in meeting with a house adapted for the reception of patients, but at length a suitable edifice was found in Petty France, near the site of the present building, and furnished for the accommodation of thirty individuals. A large board was affixed in front of the building, and on it the following legend inscribed in gilt letters—"Public Infirmary for the Sick and Needy."

The machine being thus set in motion, soon attracted the notice of the public. Many wealthy individuals entered their names on the roll of the Society, and several eminent physicians volunteered their services to assist Sir John Colbatch.

Amongst the first and most distinguished supporters of Mr. Hoare was the celebrated Sarah Jennings, Duchess of Marlborough, who subscribed liberally, and otherwise interested herself in its welfare. At her instigation the following petition was drawn up, and presented to King George the First:—

"*To the King's most excellent Majesty.*

"Petition of the Trustees of the Infirmary for the Sick and Needy in Petty France, Westminster,

"Most humbly showeth,

"That your Majesty's petitioners, observing the deplorable condition to which a great many poor sick *in and about this city* are reduced for want of the necessaries and conveniences for health and life, did propose to set up an infirmary for their relief, in December, 1719.

"That by the blessing of God on their undertaking, and the voluntary contributions of several of the nobility and gentry of both sexes, your petitioners did, in the beginning of the year 1720, hire a house for that purpose in Petty France, in which the lives of some hundreds of your Majesty's poor subjects have been preserved, who must otherwise have perished for want of such relief, as may appear from the abstract hereunto annexed.

"That such sick poor as are admitted into it are daily attended by some of the clergy, and have all the assistance which can be afforded them by physicians, surgeons, apothecaries, and nurses, appointed to attend them during sickness.

"That at a time when your Majesty's dominions are threatened with the plague, this Infirmary may be further enlarged, and the advantage and example of it rendered more general and extensive to many others of your Majesty's subjects, if it meet with your royal favour and approbation, the same being the first of the kind which hath been set up in any of your Majesty's kingdoms.

"May it therefore please your Majesty to take the said Infirmary into your royal protection, and to grant such encouragement for supporting it as in your great wisdom you may think fit, and as in duty bound your petitioners shall ever pray.

"Dated October 25th, 1721."

It would appear that this prayer was not unheeded; for although the King's bounty was not directly manifested, many of the courtiers immediately interested themselves in the charity. The Duchesses of Buckingham, of Cleveland, and of Devonshire, and many other ladies of distinction, liberally contributed to its funds. Dr. Atterbury, bishop of Rochester, also became a trustee, and so much approved of the design, that he very much interested himself, though without success, in obtaining a grant of ground in Tothill Street. The serjeant-surgeons, Sir Claudius Amyand and Mr. Dickins, proffered their services as consulting surgeons, which were gladly accepted. Their example was followed by many other medical men, and especially by those two luminaries in their respective provinces, Dr. Mead and Mr. Cheselden. So strong indeed was the tide of professional patronage in favour of the new undertaking, that a difficulty arose in declining the numerous offers of assistance. Sir John Colbatch, Dr. Wasey, and Dr. Stewart, were appointed physicians, while Sir Claudius Amyand, Mr. Dickins, and Mr. Harris, were declared surgeons. Mr. Douglas, a celebrated operator of the day, was appointed lithotomist, and a medical gentleman was chosen to reside in the house, with the title of "Surgeon-in-Ordinary," whose duty it was to attend the patients during the absence of the superior medical officers.

The following advertisement, bearing date 7th of March, 1722, may be considered a medical curiosity:—"Notice is hereby given to the poor troubled with stone in the bladder, that they will be received at the Infirmary, Petty France, Westminster, in order to their cure, at all seasons of the year, without any other recommendation than a certificate under the hand of Mr. John Douglas, surgeon, in Fetter Lane, lithotomist to the said Infirmary.

"N.B.—That Mr. Douglas engages to be at the sole charge of cutting and curing all such persons as shall be by him so recommended for the term of two years from the date hereof."

During the spring of this year, the institution received a strong reinforcement in the accession of the Princess Royal, and Princess Caroline, with their governess, the Countess of Portland, as trustees. The Duchess of Somerset also became a subscriber at the same time, and the property and income of the hospital increased so fast, that the governors saw a necessity of enlarging the establishment. After a careful search, a house was hired in Chapel Street, furnished for sixty patients, and entered on the 10th of June, 1724. At this date the annual subscriptions amounted to about 700*l.*, and considerably exceeded the expenditure. Many benefactions were also received, and the accumulated capital was invested in South Sea and East India stock. Many miscellaneous presents were received, and amongst others a curious iron chest from Sir Brownlow Sherrard, which is now in possession of the charity. In 1726, Mr. Cheselden succeeded Mr. Douglas as lithotomist, and continued his services for many years; and, in 1728, Mr. Thomas Hope, an eminent surgeon, was elected oculist.

The fortunes of the hospital continued to improve as much as its warmest friends could wish, and Sir Claudius Amyand, with many other trustees, were hence induced to desire a charter of incorporation. In June, 1730, the proposal was brought forward, and at first favourably entertained, but some objections were adduced, on the

ground of the Society's not possessing any land; the Bishop of Winchester, the president, subscribed 100*l.* towards defraying the expenses. Unfortunately, however, that spirit of dissension among the trustees, which has since so much impaired the interests of the charity, had been already engendered, and there was no unanimity in supporting the president's wishes. The hospital in Chapel Street began now to be considered too small. Discussions necessarily arising from these circumstances proved fresh sources of discord, and very strange scenes were constantly occurring from the violent animosities which reigned amongst the members. A part of the governors were for rebuilding the hospital on the same ground; others advocated its removal to James Street, Petty France, and a third party considered it a more eligible plan to purchase Lord Lanesborough's House at Hyde Park Corner.

The controversies respecting the two subjects of the charter and the new building, gradually estranged the minds of the parties from each other, and led many to expect a separation of interests. The Bishop of Winton endeavoured to moderate these hostilities, but with little success. An application was made to the Attorney General, Mr. Pratt, afterwards Lord Camden, for his opinion on the question, whether a charter could be granted to any society without landed property; the reply was in the affirmative. A petition was consequently drawn out and presented, in the autumn of 1733, to his Majesty, who was graciously pleased to grant its prayer, and refer the subject for arrangement to the Privy Council.

In the *Daily Advertiser* of the 6th December, 1732, the following advertisement had been inserted, and is, in some respects, important:—

"Whereas the house wherein the subscribers to this Infirmary now entertain their patients is too small for their service, notice is hereby given, that if any person has any large house or houses, or buildings, to let or sell, situate in some airy place, *within the City or Liberties of Westminster*, such person is desired to send in his proposal to this Board, any Wednesday, at five o'clock in the afternoon.

"Publick Infirmary, 6 Dec. 1732."

It was in consequence of this advertisement that proposals were sent from Lanesborough House, and from Mr. Green, the proprietor of buildings in James Street. The success of the petition to the king inflamed the anger of the anti-charter party, and a general meeting of the Society having been summoned, it was resolved and carried, by a small majority, that a counter-petition should be presented to the Lords of the Privy Council, beseeching that all proceedings, with respect to the charter of incorporation, might be stopped, as it was deemed no longer conducive to the interests of the charity.

The disputes had now arisen to such a height, that it was no longer possible for the parties to act in concert; a separation consequently took place, and a large party of the trustees having purchased Lanesborough House, at Hyde Park Corner, formed themselves into a new society.

Such was the origin of the present St. George's Hospital. The original Society, although weakened by the loss of so many of its members, proceeded in their intention of removing to James Street, and accordingly hired and fitted up certain houses for the reception of sixty-eight patients. These edifices constitute the mouldering front of the present building, and comprise the worm-eaten and weather-worn apartments of the domestic officers.

Saint George's Hospital rapidly got into favour with the public, and soon outran and overshadowed its humble but more ancient rival.

Both parties published manifestoes justificatory of their conduct, and some little recrimination was indulged in. An overture for a reconciliation was, however, made by the seceders, and supported earnestly by Mead and Cheselden, who adhered to the original Society; it was couched in the following terms:—

"Hyde Park Corner, Nov. 23, 1733.

"Sir,—Our General Board, to show the desire of a coalition with yours in Chapel Street, have unanimously resolved, That they would, at any time, be ready to concert proper measures with you to render the common charity more extensive and effectual. This they have desired me to communicate to you, that if any expedient could be found to bring about such a coalition, nothing should be wanting on their part towards completing it. I am also to acquaint you, that such of your subscribers as are subscribers here, are very desirous that the treasure locked up in the chest, should be laid out for the purposes to which it was intended; and if any difficulty should arise in the distribution of it, in which they claim a right, they are willing to refer it to the private determination of the Lord Chancellor, Master of the Rolls, or Lord Chief Baron, or to two or three indifferent persons of each board. In the mean time they have desired Captain Hudson not to part with his key without their consent. You will be pleased to lay this before your General Board, that such measures may be taken by both Boards as will best promote and extend the charity.

"Jeremiah Griffith."

To this the following reply is extant:—

"Public Infirmary, Westminster,

"January 8th, 1734.

"Sir,—Agreeably to your desire, by your letter of the 23d November last, Mr. Hayward, our Treasurer, laid the same before our Quarterly General Board, who are pleased to return for answer, that, conformably to your desires, they will, as they have hitherto done, heartily use all expedients to render this charity as extensive and effectual as possible; and that they will duly apply the money in the chest to the purposes for which it was intended by the benefactors and donors. The distribution of it, they are advised by counsel, is lodged in them, as the majority of the Society, before your separation, according to the tenor of the subscription roll, and therefore conceive there can be no occasion for any reference about it.

"S. Walker, Chairman."

Capt. Hudson, soon after this correspondence, gave up that key of the iron chest, and the new Society's claims upon the funds of the old were abandoned.

The two physicians, Dr. Stuart and Dr. Wasey, and the "Surgeon-in-Ordinary," Mr. Wilkie, having resigned their offices and attached themselves to the new hospital, Dr. Wigan and Dr. Coates were appointed physicians, and Mr. Pyle and Mr. Ryce were nominated surgeons. The office of surgeon-in-ordinary was annulled, and an apothecary appointed to perform all the duties of the surgeon-in-ordinary, except that of operating, which was for the future to be considered as belonging to the surgeons only.

In the year 1737, we find the first traces of an intention on the part of the Society, to make the hospital subservient to the education of medical men. Three medical pupils, or, as they were then whimsically called, "cubs," were allowed to each surgeon; and this number was gradually augmented until the limitation was removed.

Mr. Cheselden having become very aged, resigned his situation of lithotomist in 1739. No successor was appointed, and the medical staff was augmented to three physicians, three surgeons, and an apothecary. This last officer is stipendiary, and resides in the house. He is an agent appointed by the Society to superintend the medical charge of the patients during the absence of the physicians and surgeons; and being appointed by the members at large, is responsible to them only for his conduct. Two resident pupils, chosen respectively by the physicians and surgeons, are permitted by the Society to reside in the house, on payment for their board. These gentlemen, through the influence of the medical officers, almost entirely supersede the authority of the apothecary. This arrangement will probably soon be seen in its true light, and the physicians and surgeons will find that they have fallen into an error in withdrawing the agency of pupils allowed to them as a favour from the moderating authority of the Society's own officer.

The vote of thanks given to the illustrious Cheselden on his retirement, cannot but be interesting to every medical man. On the 4th May, 1739, it was unanimously resolved at a very full board, "That the thanks of this Society are eminently due to William Cheselden, Esq., for the long and voluntary assistance given to the patients of this infirmary, by many and successful operations as lithotomist, and by readily contributing his experience and advice on all occasions as consulting surgeon, to the great relief of the patients, as well as credit and success of the Society in general." A similar vote of thanks was also subsequently given to the not less distinguished Dr. Mead.

Matters being thus arranged, upon the transfer of the establishment into the new hospital, the business of the charity has, without much variation, continued to the present time to be carried on in the same building.

There have been ebbs and flows in the fortune of the institution, but its progress, upon the whole, has been steady, though slow. It has at different times been enlarged, and it now accommodates 100 inpatients. This increase has been effected by the appending of rooms to different parts of the building. The present mansion is, consequently, an aggregation of apartments, which, like the codex of the existing regulations, sets all ideas of symmetry at defiance. The wear and tear of a hundred years, too, have reduced this motley pile to a ruinous state of dilapidation, and the *ensemble* is any thing but pleasing to the sight.

The example of the "Westminster Charitable Society" was not lost upon the public. A similar association was soon after formed, and the *Middlesex Hospital* founded in Tottenham Court Road; and Mr. Harrison, an eminent surgeon, and his friends, originated, at the eastern end of the city, the "Good Samaritan Society," by whom the *London Hospital* was established upon the model of the Westminster. Alderman Guy founded his magnificent hospital in Southwark, and many similar establishments were formed in the provinces. The subjoined document is interesting on more than one account:—

"London Infirmary, Jan. 14, 1743.

"Gentlemen,—The notice you have been pleased to take of this infirmary, and the compliment you were so good as to make us of some accounts of your proceedings, have

flattered us the more agreeably, as we apprehend from thence our conduct has met with your approbation, and that you extend your good wishes for the success of every charitable undertaking like that you are so usefully engaged in.

"We beg the favour of your acceptance of twenty-five sermons, preached before the governors of this infirmary, by the Bishop of Worcester; and if you observe the accounts annexed to them, and the surprising encouragement it has pleased God to prosper it with in so short a time, we cannot without injustice but acknowledge it is greatly owing to those early helps and civilities we received from you at the first outset of this charity.

"Be assured, gentlemen, we shall always have a just sense of your favours, and a becoming regard for the infirmary, by whose means and example so much service has accrued to the public in many parts of these kingdoms.

"That your charitable endeavours may daily meet with success and encouragement here, and an ample reward hereafter, is the sincere wish of, gentlemen,

"Your fellow labourers,

"And obliged humble servant,

"The Governors of the London Infirmary,

"RICHARD NEALE, Sec.

"To the Trustees of the Public Infirmary at Westminster."

I have thus been rather prosy in describing the origin of subscription hospitals, of which there are now about a hundred in the United Kingdoms. I shall not weary my readers with any detail of the various petty abuses and reformations, the boldly attempted, and successfully resisted, innovations which occur in the history of the Westminster Hospital, of which, as the parent of the rest, I have said so much, and over which I am the constant and unwearied overseer; for I should but relate the effects of human weakness, and the excesses which men, endowed with a great deal of zeal and very little judgment, necessarily commit at all times and in all places. I shall, however, take upon me to describe the actual state of this "charity" in particular, in order that the errors in its constitution, and the mistakes of its managers, may serve as beacons to the governors of other hospitals.

The Westminster Hospital had enjoyed a tranquillity of nearly thirty years, its affairs being entirely governed by about a dozen quiet individuals, whose management was not an unapt illustration of "otium cum dignitate." It is not to be wondered at, that with such keepers the economy of the machine should get a little out of order; in fact, some little discrepancies became evident, and excited the attention of certain neighbouring reformers.

About three years since, a fierce band of these people took possession of the peaceful precincts of the hospital, and threatened to shake the tottering edifice to its foundation. Their agitation, however, it is to be feared, has not led to any useful result. Not possessed of sufficient penetration to discover the real cause of the mischief, and having no enlarged views of human affairs, they have but increased the sum of evil already existing, by the enactment of innumerable petty regulations, which leave the constitutional code of the Society an inert mass, the same "rudis indigestaque moles" that it ever was, rivalling in monstrous incongruity the absurdest specimens of the modern antique.

The chief innovation effected, respects the financial department, where a very simple system of book-keeping has been superseded by an extremely complicated scheme. The author of the projected reform is a gentleman connected with a public office, and who is an undoubted well-wisher of the charity. But in endeavouring to introduce into the hospital affairs the system of accounts adopted by the government in its various departments at home and abroad, he has entirely overlooked the different circumstances of the two cases. Nothing can be more beautiful than the system of mutual responsibility established by his Majesty's government in all its branches, a system by which a body of documental evidence is supplied, such as shall satisfy the auditors in London of the integrity of any, even the minutest transaction that may have occurred in Bengal or the West Indies. But in an hospital of which the machinery is perpetually working under the eyes of the governors, such a complex method must be unnecessary, and may be injurious, by leading to the construction of false accounts. This has actually been the case; an extensive fraud was carried on in the presence of that gentleman, and in strict accordance with his forms; and the detection of the delinquent was only effected by extrinsic evidence.

In the English language, the word "hospital" has a very indefinite meaning; it may either signify a building fitted for the gratuitous reception of indigent persons, for education, for permanent maintenance, for moral correction, or during lunacy; or a place adapted for the temporary accommodation of patients during medical treatment.

I need not say, learned reader, that in French, Spanish, and Italian, the former idea is respectively expressed by *hôpital*, *hospital*, and *ospidale*, and the latter by *hospice*, *hospitio*; in English, the word *infirmary* would appear most nearly synonymous with the last, and hospital might be more correctly applied to the first.

The proprietors of the Westminster Hos-

pital have defined the object of that charity to be "the accommodation of poor persons afflicted with curable diseases during the process of medical treatment," the plan of attending the poor at their own houses has long since been abandoned. In the year 1737, a useful appendage was added to the establishment by a benevolent incognito, who presented four hundred pounds for the purpose of fitting up two wards for the permanent reception of such poor patients as shall have been a long time under treatment in the house, and may be considered incurable by the medical officers. This fund has since accumulated, and amounts at present to about 18,000*l*. This branch of the establishment is styled the "Incurable Department," and is, it must be confessed, extremely ill regulated; the patients, although clothed and fed by the hospital, wear no uniform dress, and are not subjected, like other patients, to the regulations of the house.

The charitable society proprietory of the Westminster Hospital, consists at present of a president, ten vice-presidents, a treasurer, a secretary, and about 350 trustees or governors, and is patronised by the King and the Duke of Sussex. There are many subscribers also who are not trustees, and who have no voice in the affairs of the Society. The president is always some nobleman of high rank, who is pleased to take an interest in the welfare of the charity. He presides at the general assemblies of the members, and is the medium of communication between the Society and the King's Government.

The vice-presidents in the present constitution of this body possess no functions; they are merely a list of ten distinguished personages who have materially served the Society, or are expected to do so. The treasurer is a gentleman of high respectability, in whose name, conjointly with others, the funds of the charity are principally invested. In the absence of the president and vice-presidents, he is the chairman of the Society; and between the sitting of the weekly board, the referee in any emergency. The secretary or scrivener attends to the literature of the Society; he makes minutes of their proceedings; carries on their correspondence, and arranges their accounts. All the documents are in his possession, and he is the channel of official communication between the hospital and its proprietors.

The trustees are, 1st. Executors of testators who bequeath any sum not less than 50*l*. to the hospital, and are elected by the Weekly Board on payment of the legacy. 2d. Donors of 30*l*., or more; and 3d. Annual subscribers of three guineas and upwards. The two last classes become trustees on payment of the stated sums, without any form of election. But no trustees are admitted to their privileges, until they shall have been elected three months.

The current business of the hospital is carried on by a Weekly Board, which consists of any three or more trustees whom chance or design may bring together on Wednesday at noon. This Board possesses considerable powers; it appoints all committees, transacts all the ordinary business of the charity, hires and dismisses servants, and suspends, during its session, the action of any law of the Society, subject, however, to the subsequent approbation of a general Board. It is immediately evident that this is far too much power for any irresponsible body to possess. Nothing can exceed the vacillation which occasionally takes place in the conduct of this body. Since it consists of any members that choose to attend, and any three of these are a quorum, it is plain that a packed board may be formed to answer any specific purpose; and such has actually very frequently been the case. Not long since, a servant of the house had misconducted himself, and, in consequence, one of the surgeons came down to the Board with some friends, and dismissed him. One of the physicians, however, not thinking his offence a crime sufficient for dismissal, brought down his party on the ensuing Wednesday, and restored the man to his place. The surgeon came down a second time, and renewed the dismissal; and was again counteracted, on a subsequent day, by the physician, and thus the matter rested.

A second abuse is committed by certain astute individuals, who, being laudably anxious to carry their points, wait with patience until the refractory members are departed, and then pass uncontradicted whatever resolutions they please. This has very often been done by three, and sometimes by two individuals.

A third abuse arises from the physicians and surgeons being trustees, and sitting at the boards. This is, perhaps, the true source of all the broils that have ever disturbed the councils of this charity. Each of these gentlemen has his party, and his particular plan for the management of the hospital; and a constant collision of these repulsive bodies necessarily exists. An instance or two may be adduced, to show the inconsistency of the duties of a medical officer with those of a trustee. The apothecary, a stipendiary officer, and therefore not a trustee, and one of the surgeons, had formed a different conception of one of the rules, and the matter was brought before the Board. The identical surgeon was chairman, and consequently judge in his own case. Another instance occurred, where a misunderstanding existed between a physician and one of the resident

officers. The physician attended the Board as a member, and actually moved all the resolutions on the question. Hundreds of such examples might be adduced, and may, by any reflecting person, be easily conceived to arise under such a system.

Seven trustees are a quorum at a General Board, but that number having once met, five are empowered to conduct the business of the meeting, and even less, if no present member object; thus it is possible for an order, however obnoxious to the Society at large, to be clandestinely originated by three members at a Weekly Board, to hang up, worded perhaps in ambiguous terms and unobserved, in the Board Room for the prescribed time; and, finally, with a very little manœuvring, to be passed into a law at the Quarterly Board by *five* individuals.

With respect to the committees, it is notorious that one gentleman, by his *extraordinary activity*, has eased all the other members of their share of duty, and arranging every thing comfortably according to his own wishes, is pleased to consider himself a committee in his proper person, and signs every document in the chair!!!

A certain number of trustees or governors (the term is synonymous) are appointed once a year to perform the duties of house visitors. With respect to the domestic officers, these gentlemen are a sort of ephori. They completely suspend, for the time, all other authority, and rule absolutely over the whole establishment. They are empowered to give orders; hear complaints; dismiss servants or tradesmen; and in any way interfere with the current business of the house. That casual individuals, such as house-visitors, should intercept the authority of the responsible servants of the charity, is evidently a monstrous error, and cannot but have an injurious influence on the discipline of the household. The proper office of a visitor is, to observe, to advise, to report, but surely never to command.

These evils, it is sanguinely expected, will be remedied in the arrangements for the conduct of the new hospital to be erected in the neighbourhood of Charing Cross. The augmented size of St. George's Hospital which is situated so near, has superseded the utility of the Westminster, as an hospital in its present situation. The denizens of that vicinage invariably prefer as a residence the spacious halls of St. George's to the confined chambers of the Westminster; and the latter, as far as respects its neighbourhood, receives only the refuse patients of the former. The best patients of the Westminster Hospital come from other parts of town, or from the country, and its chief utility in its vicinity is as a dispensary for such patients as are well enough to leave their homes.

It is proposed to remove the hospital about a mile from its present situation to Charing Cross, on the following grounds:—

1. Because its usefulness is superseded by the enlarged size of St. George's Hospital.

2. Because the poverty of its vicinity will not admit the accumulation of sufficient funds to erect and support an hospital of such magnitude as to make its efficiency perfect.

3. Because its present site is obscure, and removes it from the notice, and consequently the support of the public; and indeed its whole appearance is so repulsive that many respectable individuals are deterred from mixing in its affairs.

4. Because there is need of a large hospital in the neighbourhood of the Strand, for the accommodation of that dense population which exists in the parishes of St. Giles, St. Ann, St. Martin, St. Paul, and others.

5. Because in the aforesaid neighbourhood there is also a sufficiently wealthy population to maintain a large subscription-hospital.

6. Because the proposed site is more elevated, and consequently more healthy; and lastly, because by an infusion of new members into the Society, its present theory and practice of government may be reformed.

It has been objected to the removal:—

1. *That it is removing it from a situation where it was originally designed to be.* To this it is replied that it was never intended to be in any particular part of Westminster. On the contrary, before each of its previous movements advertisements were inserted in public journals for suitable edifices *in any part of the city or liberties of Westminster.*

2. *That its removal will expose the poor of the low parts of Westminster to great inconvenience.* It has been observed that the poor people just mentioned, universally prefer, for the reasons assigned, St. George's as an hospital. Such as prefer the Westminster would be equally received into the new building, and it would very little extend the journey of the patient from any part of Westminster, whilst that of others would be materially curtailed. With respect to the out-patients, only a portion of them come from the immediate vicinity of the present building, and these would have their walk extended through the park (not an unwholesome change after their confined abodes). To those resident at Milbank, the distance would be but little increased, and the road much improved; and to all others its removal would be a decided benefit. Those who did not choose to come to the new hospital, might be relieved at the dispensary in Charles Street; and the duty of that charity would be correspondingly light-

ened on the other side by the vicinity of the new hospital. But to exclude every chance of misadventure to the respected inhabitants of Petty France, a new dispensary is to be erected in the room of the existing hospital.

3. *That an hospital already exists at Charing Cross.* It is true the meritorious exertions of Dr. Goulding, Dr. Richards, and other gentlemen, have been directed to this end, and that they have succeeded after several years' assiduity, in raising between 7 and 8000*l*. Yet it will require many years before they can possibly succeed in founding any hospital at all, much less an hospital of such magnitude as the exigencies of that neighbourhood require. And now that the best wishes of these benevolent individuals are likely, unexpectedly, to be fulfilled, the payment of their funds into the coffers of the Westminster Hospital will effectually tend to promote the objects which the supporters of both charities have in view—the relief of the unfortunate poor inhabiting that populous quarter.

The general Society being too unwieldy a body to act for itself, except on extraordinary occasions, it becomes necessary to have a responsible representative for the transaction of its ordinary affairs. A representative council, for example, of *twenty-four* trustees, might be elected annually, and invested as a body, with the powers now inherent in the weekly boards. It ought to be a provision, however, that no person otherwise connected with the charity, except the treasurer, should be eligible for the council, and that not more than half of the members should be re-elected each year. This arrangement would entirely preclude the possibility of such abuses as I have described.

A meeting of not less than four of these councilmen should take place every Wednesday, at the usual hour, for the dispatch of business. In this council should also rest the power of appointing, not from their own body, but from amongst the Society at large, the standing committees of audit, building, &c., and correct minutes should of course be kept of all its transactions, and be subjected to the approval of the quarterly assembly of trustees.

A general meeting of the Society should take place quarterly, or oftener, if necessary, to receive reports, &c., from the committees and officers, and to act in such matters as might be needful.

One of the greatest evils connected with the management of this hospital, has been the levity with which rules and regulations have been made, modified, or cancelled. To remedy this defect, I would suggest the propriety of forming the president and vice-presidents, who are at present inanimate appendages, into a sort of court or senate, who should enjoy a moderating power over the movements of the Society. This body might be invested with the following privileges:—1st. The power of recommending any measure to the consideration of the Society; 2nd, The power of summoning a general meeting of the trustees; 3rd. A veto upon any law or measure affecting the constitution of the Society, upon its first presentation from the general assembly. 4th. If, however, the matter, after a second consideration in that assembly, be again passed, it shall, notwithstanding the veto, have the force of law. It would also be a decided improvement, if some form were adopted in the election of trustees, and as at present any person may become a member by the mere act of paying the subscription money, each election of trustee, for the future, should be moved and seconded at a general assembly.

Various modifications might be beneficially made in the functions of the officers. The duties of these gentlemen are so ill defined, that they are perpetually counteracting each other; and this has led some facetious governors to nick-name the present plan of management, the "admirable system of check and counter-check."

The powers of the treasurer should certainly be restored to their pristine vigour, for now, as far as respects the conduct of hospital affairs, he is nearly reduced to a non-entity. Alterations also might take place in the duties of the medical household officers; but I must reserve these subjects for a future letter, or by continuing I shall reduce it to a similar predicament with Mrs. Cox's second cup of tea, which is perfectly innocent of the flavour of that herb, the whole virtue being dissipated in the first infusion. Having attempted thus to increase the specific gravity of the machine, and to re-adjust its cogs and wheels, let us suppose it to work more steadily and effectively.

Westminster Hospital,
July 13th, 1830.

The little Eminent has rather an uncomfortable position in the owl's nest in Windmill Street, and it is not at all improbable, that the furious animal will devour both him and the other Bats before the autumn. It appears that the "little eminent" had made arrangements to prohibit the solemn bird from teaching surgery, notwithstanding its probable gifted inspirations from the goddess Minerva. This violation of justice, this barrier to the diffusion of "sound chirurgical," is strongly resisted by the enraged bird, whose carnivorous beak threatens destruction to the whole cavern of intriguing and dirty Bats.

THE LANCET.

London, Saturday, July 17, 1830.

THE Anatomy Bill is completely laid upon the shelf, all intention of bringing it forward in the present parliament being entirely abandoned. "Dissolution" has so many horrors, that a discussion on the *subject*, at the present moment, would be by no means agreeable.

THE conclusion of Dr. CORRIGAN'S truly valuable paper on the causes of the late fatal epidemics of Ireland, will be found in our present number. The facts and inferences which Dr. CORRIGAN has adduced, merit the deepest attention from those persons who are in any way connected with the conservation of the public health. If the rich portions of society be made fully aware of the dangers to which they may be exposed, from the occurrence of famine amongst their indigent neighbours, self-interest, if not the better feelings of humanity, may prompt them to take those steps which are best calculated to prevent so dire a calamity as epidemic fever; and probably nothing will tend more decidedly to promote this object, than the extensive diffusion throughout Ireland of Dr. CORRIGAN'S communication. May we venture to hope that the enlightened editors of the daily and weekly press, will aid the charitable, scientific, and sanatory labours of Dr. CORRIGAN, by diffusing the results of his valuable experience amongst those individuals who have it in their power to avert both famine and pestilence?

His late Majesty, who possessed a larger share of knowledge in medicine than usually falls to the lot of well-educated gentlemen, had, for a long time, expressed his apprehensions that the cause of his death would arise one day from some dropsical effusion, or from the immediate effects of a revulsion or translation of the gout from the extremities to the heart. The fears which, for so long a period, had disturbed his Majesty's repose, were much heightened on the demise of his brother, the late Duke of YORK. His Majesty being well acquainted with the nature of the Royal Duke's disease, and judging from certain coincident peculiarities that there was a considerable resemblance between his brother's constitution and his own, became exceedingly alarmed, and immediately consulted Sir ASTLEY COOPER, in order to ascertain whether any indications of dropsy were to be found in his person. The KING entertained the highest possible opinion of the worthy Baronet's skill, and it was by his especial command that Sir Astley had attended the Duke of YORK during the latter period of his illness. The great benefit which the Duke derived from the medicines prescribed by Sir Astley, strengthened the confidence of the King in the profound medical knowledge of his serjeant-surgeon, to whom, therefore, he unhesitatingly stated his apprehensions. The worthy Baronet instituted, as may well be supposed, a very careful examination, which however was so protracted and severe, that the King at last exhibited tokens of impatience, and said, "Well, Sir Astley, I hope you are satisfied." "Quite satisfied," replied the Baronet, "that your Majesty is free from any dropsical affection." The opinion thus confidently, and, we may say, truly given, did not entirely dissipate his Majesty's fears, and the King often referred to the subject in his conversations with the favoured persons by whom he was usually surrounded. It is probable, however, that the dread of a revulsion of the gout from the extremities to the heart, was still stronger than that arising from the apprehension of dropsy; and his Majesty does not seem to have been aware that a

gouty inflammation within the chest, could be the immediate cause of the other dreaded calamity, namely, the dropsical effusion. In this respect, his Majesty's knowledge of pathology does not appear to have exceeded, although we believe it fully equalled, that of the invisible medical junto, including, of course, the signers of the "treacherous" bulletins,—the physician who *did* see, and the physician who *did not* see the royal patient. Whatever may have been the extent of the King's alarm, it is quite certain that it operated very little upon his mode of living. He partook of the luxuries of the table as heartily and as cheerfully as ever; and if his Majesty were really conscious of danger, he bore up against it with a truly heroic spirit. Now the royal medical junto, the magician, the intriguing magician, and his band, allege as their excuse for not having made the public and the King himself acquainted with the nature of his Majesty's disease, probably the "injurious effect which the disclosure might have had upon the disease itself." Thus GEORGE the Fourth, who was proverbial for his courage, for his unbending, inflexible, firmness, was expected to expire if the word *danger* were whispered in his ear. This is the insult now offered to his memory by those who had the sagacity to discover, that "considerable" portions of the lungs, which were "*unaltered* in structure," had "become *consolidated*!" The King, however,—and this shows the disgraceful character of the subterfuge of the "invisibles,"—had long been of opinion that he was labouring under an affection of the heart, indicated, as he himself believed, by his intermittent pulse; but the value of the excuse will be better appreciated, when it is known that Mr. WARDROP was consulted in March last, and called upon by the King for his "honest and candid opinion," at once,—and in justice to his manly integrity and depth of his skill be it spoken,—intimated to his royal master the affection of the heart, the malady from which he was suffering. Away, then, with the flimsy, the hypocritical excuse, of the royal medical junto! The two or three facts which we have here stated, are sufficient to overwhelm the whole band with everlasting disgrace. King GEORGE the Fourth is dead, but with him happily expired the reign of the "invisibles." The magician is dismissed, and it were well for WILLIAM the Fourth, if the imps and other agents of the entire junto were all driven from the Court, and made to accompany their benighted master to his shady "seat."

THE Small-Pox Hospital, we hear, with much surprise, is to be converted, or, at least, there is an intention in certain quarters to convert it, into a general hospital. The alleged ground for the change is, that the present income exceeds the amount required for the maintenance of patients afflicted with the small-pox. There are other grounds, however, for the change, which are not so openly stated, and if we mistake not, the whole proceeding is founded in a wanton, profligate, and most disgraceful job. Is the Committee justified in concluding, that because of late years few persons affected with small-pox have sought to be admitted, that there will be the same paucity of numbers in years to come? Has not this dreadful disease, in fact, frequently broken out, in its most malignant and fatal form, in several provincial towns, even within the last three or four years; and, owing to the obstinacy and stupidity of parents, and the avarice of certain "inoculators," may it not again spread its ravages in the dense population of this metropolis? In a word, the demands upon the Institution, as it at present stands, may exceed, within twelve months, even by a thousand fold, its means for accommodation, and it is the duty of the Governors, to allow the existing hospital to remain undisturbed. It is a subject of so much importance, that it almost calls for the interference of parliament.

From the Globe, July 9.—The Medico-Politico Attendants of his late Majesty George IV.—(From a Correspondent.)—It is a curious coincidence that Sir Henry Halford should be the first to do homage to William the Fourth, and that Sir Wm. Knighton was the first to perform the same distinguished functions to George the Fourth. Neither of these medical luminaries has confined his office to feeling pulses or writing prescriptions; and Sir Henry Halford is now fully occupied in negociating within the Palace as actively as he was on a former occasion at *Osterley Park*. Sir William Knighton considered it of the greatest importance that he should be the first person to do homage to the King. The account of the demise of George III. was hourly expected at Carlton House, and in the middle of the night, Sir William Knighton and Sir B. Bloomfield were competing with each other about precedence in communicating the intelligence to the Prince. Knighton, than whom no man could find his way *better in the dark*, got out of the room on hearing the arrival of a carriage. He instantly made his way into the Prince's bed-chamber, where he did homage to the King, long before poor Sir Benjamin made his appearance.

Plain Instructions for the Management of Infants, with Practical Observations on the Disorders incident to Children. To which is added, an Essay on Spinal Irritation. By John Darwall, M.D. Phys. to the Birmingham Disp. London. Whittaker and Co. 1830. 12mo. pp. 240.

"The present work," says the author, in his preface, "is not intended exclusively for the profession, or for nurses, but to a certain degree for both. In thus endeavouring to place medical information before the public, I do not think that I run the hazard of inducing rash and ignorant people to tamper with medicine; it is, indeed, only while they are ignorant that they will tamper; give them knowledge, and they will fear where before they rushed blindly forward. The question, indeed, is not at this period, whether such information shall be communicated or not, but whether we shall suffer the nursery to be overrun by popular prejudices, and perpetually to obstruct the physician in his treatment of disease, rather than substitute for such prejudices the opinions of science. Could this last object be effectually obtained, no greater benefit could be conferred upon the medical profession; in no other way could the interests both of the public and of medical men be better consulted."

With the last sentence of the foregoing extract we entirely agree. We doubt, however, whether the object in question be likely to be attained by the publication of such works as the present. "A little knowledge is a dangerous thing"—perhaps more so in medicine than in any other science and we do not believe that the information which may be gained from Dr. Darwall's book would render any non-medical reader more cautious, or more competent to the treatment of disease. For the medical student, or the young practitioner, on the other hand, it is, for the most part, too superficial, and too imperfect, to be preferable, or even equal, to a number of other works on the subject, intended exclusively for their use. In saying this, we do not wish to complain of the execution of the work, which is, perhaps, with some few exceptions, quite as good as its plan will admit; but we are convinced that such a plan is in itself defective; that a work on medicine, to have any real value, must be either entirely popular, or entirely professional, and that in attempting to render it fit for all parties it will be useful to none.

The first twenty-four pages, on the management of infants, are intelligible to any person of ordinary capacity, and contain many very judicious and useful observations; these, however, form but a small portion of the work, the rest of which is liable to the objections we have just mentioned; and as it offers nothing, strictly speaking, new or original, it is unnecessary for us to make any further comment upon it.

The Essay on Spinal Irritation, originally published in a periodical work, displays much observation and acuteness, and we are sorry that Dr. Darwall did not rather publish it separately than annex it to a treatise like the foregoing, which few medical men will ever peruse. As, however, we have already noticed it slightly in our review of Teale's work, and as most of the facts and conclusions which it contains have been incorporated in this publication, and in that of Tate on Hysteria, which we very lately reviewed, it is unnecessary for us further to notice them here; we will only observe, that Dr. Darwall is less sanguine, and perhaps, therefore, more reasonable and prudent, in his views relative to the treatment of the diseases in question, than either of

these writers, especially the latter, and do not appear to think, that in every case of hysteria, or neuralgia of the trunk, tenderness of the spine may be discovered; or, that, when it is, the complaint may be removed without any other remedy than local applications to the spine.

Remarks on Pulmonary Consumption, and the usual mode of treating it, considering the functions of the Skin as alone deserving medical attention. By JAMES JENKINS, M.R.C.S., Surgeon of H. M. Packet Osborne. Falmouth; James Philp: and Simpkin and Marshall, London. 8vo. pp. 46.

In this pamphlet we know not which is most prominent,—assurance or ignorance; for truly it displays such a superabundance of both, that it is difficult to say either of them predominates. Pulmonary consumption, the author says, he considers to "consist in an ulcerated state of the lungs," which "state" he regards as the immediate effect of pneumonia—the cause of all the constitutional symptoms, not once mentioning tubercles; nor in the remotest manner alluding to their existence; in fact, in his description of the disease, he has confounded and mixed up the history of pneumonia with that of phthisis in a manner which would almost lead us to suppose that he had never attentively observed a single case of either. The debility and exhaustion, and the death, of phthisical patients, he attributes, not to irritation, but chiefly to the imperfect oxygenation of the blood, and, in some measure, to the "weakening effects of a constant discharge of matter." Upon this supposition, which he does not support by a single fact, a single argument, and upon the theory that respiration, or the aeration of the blood takes place, as well in the skin as in the lungs, he has founded his *new and exclusive* method of treatment, which is nothing more than the employment of friction with soap and flannel, during immersion in a warm bath, for the space of fifteen or twenty minutes, every third or fourth day. Thus a remedy which can, at most, be regarded as an auxiliary one, and which has, already, been employed, again and again, in various forms, with only occasional and slight benefit, is put forth, in an especial publication, as a new discovery, and as sufficient alone for the cure of the last stage of a disease which has, in *all* its stages, baffled medical skill for centuries, though it does not appear that the author has tried it, or even seen it employed, in a single instance. Such is the sum and substance of a work of which we need not attempt any further analysis. We shall, however, select from it a few of the grosser errors, in further support of the assertion with which our notice begins. In order, we suppose, to render his observations intelligible to non-medical readers, he has prefaced them with some account of the anatomy and physiology of the lungs, but he might well have spared himself this trouble, and avoided such an occasion of showing his ignorance, for his description is not only confused and obscure, but it contains such errors and false statements as would disgrace the meanest tyro. Thus, he speaks of the "turning and winding of the bronchiæ;" of the "upper tendon of the diaphragm;" of the whole of the oxygen being abstracted from the air which is inspired, and of this being, on expiration, *diminished* both in weight and bulk; of the skin being composed of three distinct *layers*, &c. Subsequently, when speaking of the treatment of phthisis, he observes, that "the only assistance derivable from drugs in the cure of disease is, in the production of an artificial disorder, for the purpose of causing a diversion, &c." Afterwards he states, that "the escape of blood from the lungs is not usually an unfavourable symptom, *never* exists to a serious extent, and seldom requires medical interference;" two sentences which, alone, would be sufficient to show his ignorance, even of the first principles of medicine, and with which we shall terminate our review, adding only our earnest recommendation to Mr. Jenkins, never to venture to publish another line on any subject connected with the science of medicine.

TREATMENT OF CHOREA.

As to the nature of chorea we must acknowledge ourselves to be still completely in the dark; the large number of remedies and methods of treatment recommended, are, in fact, strong proofs of this ignorance, and there are probably few practitioners amongst

our readers, who have not been several times annoyed by the repeated recurrence of the disease, a long time after it seemed to be subdued, or by its long continuance under the most varied methods of treatment. The method employed by M. Dupuytren in chorea, consists in the application of the cold-bath in the following manner:—The patient is seized by two men, and suddenly plunged into cold water; this immersion is very brief, and is repeated about five or six times during twenty minutes. The patient is afterwards carefully dried, and takes strong exercise for half an hour or an hour. During the immersion violent convulsions are observed, particularly of the muscles of the chest, so that the patient appears to be almost suffocated; this is, however, only at first, and after some repetitions these attacks become much slighter. In most cases some abatement of the chorea will be observed even after a few days, and a fortnight, or, at most, a month, is generally sufficient to cure the disease altogether. M. Dupuytren has also employed the shower-bath with great success, especially with females; it must, however, be used six or seven times on each occasion.

The following cases, which have lately occurred at the Hôtel-Dieu, will serve to confirm the above statement:—

Case 1.—R., æt. 16, was admitted at the beginning of April, 1830. He had for several years been affected with chorea, so that he had not the least control over his movements, which were extremely violent and irregular; the right arm was most affected; the muscles of the face alone appeared to be free from the disease. The patient constantly used the most violent efforts to keep himself motionless, &c. He was ordered a decoction of valerian, and to be immersed in cold water in the manner described above; on the fourth day a considerable amelioration had taken place; the treatment was, however, regularly continued. After some weeks the patient had almost recovered the control over his limbs, and after five weeks was perfectly cured. He was discharged well on the 5th of May.

Case 2.—A girl, seventeen years of age, of a strong constitution, and regularly menstruated, was admitted in May, 1830, about a month after the commencement of the disease; the left side was most affected; the face almost entirely free. Walking was almost impossible, and it was only with the greatest efforts that the patient was able to move herself in the direction she intended. From the day of her admission the shower-bath was regularly employed, so that five to six affusions of cold water were made every time, with an interval of a few minutes between each; the number of affusions was gradually augmented to twelve. On the third day she was considerably better, and after three weeks' regular employment of the shower-bath was discharged perfectly cured.

Case 3.—L. B., æt. 13, the sister of the patient of the first case, of a weakly constitution, was admitted during May, 1830; about three years ago, she had been affected with chorea, which, after a year's continuance, had subsided spontaneously; three months before her admission, however, the disease had returned with increased violence; the irregular movements were equally violent on both sides; walking was quite impossible, &c. From the 16th of May she began to use the shower-bath, twelve affusions being made every day, and no other remedy being administered. On the 18th she was presented at the Amphitheatre, without the least sign of the disease remaining.—*Journ. Hebdom.*

HOPITAL DE LA CHARITE.

ŒDEMA OF THE GLOTTIS; LARYNGOTOMY.

On the 15th of May, M. Roux was sent for to a man 77 years of age, who had been ill for three days, and whom he found with a pale countenance, livid lips, almost hoarse, inaudible voice, and laborious respiration. During the preceding night, he had had several attacks of suffocation. These symptoms led M. Roux to suspect an œdematous swelling of the glottis; and a large quantity of leeches having been applied without relief, he resolved upon performing tracheotomy. The patient was immediately carried to the hospital, and the operation was performed on the same day at nine o'clock in the morning. The operator divided the skin, from the prominence formed by the thyroid cartilage, to the sternum; and by cautiously separating the sterno-hyoid and sterno-thyroid muscles, laid bare the upper portion of the trachea; six ligatures were applied after this part of the operation. M. Roux now proceeded to open the trachea, but finding that the larynx was larger and situated more inferiorly than usual, he decided upon performing laryngotomy. The crico-thyroid membrane, which was also unusually large, was accordingly divided in a perpendicular direction near the cricoid cartilage, in order to avoid the crico-thyroid branch of the upper thyroid artery; at the moment when this aperture was made, the

air rushed into it with a whistling noise and a slight fit of coughing ensued, by whic some bloody mucus was thrown up. A canula was now introduced to keep up respiration, and this being more completely established, was replaced by a bent piece of whalebone, in order to prevent the distention of the aperture, and a piece of gauze was placed over the wound. On the 26th, respiration through the artificial opening went on very freely; the patient was rather feverish. On the 17th, the wound seemed inflamed, the face was red, the pulse full; respiration was easy, and the patient expressed by signs that he felt no pain in the throat. It was ordered that the wound should be closed as soon as the œdema at the glottis should not offer any further obstacle to respiration being carried on in the natural way, which M. Roux anticipated would be about the fourth or fifth day. On commenting on the case, the professor particularly insisted on completely arresting the hæmorrhage previous to making the aperture in the larynx or trachea. He once performed the operation on a female, who remained asphyxiated for several hours, in consequence of some blood having entered the bronchiæ, and whom he succeeded in restoring to life, by sucking up the blood from the trachea with a canula, and then cautiously insufflating air into the lungs; this patient is still alive, and was by the operation not only cured of the œdematous swelling, for which it had been required, but even of the symptoms of phthisis, with which she had been considered to be affected.

On the fourth day, the patient having been carried back to his lodgings, a surgeon was called in, who dressed the wound; respiration, it appeared, was by this time not sufficiently restored through the natural way, and the patient died a few days afterwards, under the symptoms of pulmonary engouement.—*Lanc. Franç.*

RESECTION OF A CARIOUS RIB, TERMINATING FATALLY.

Z. Evrard, æt. 38, was admitted on the 23d of March, 1830, on account of a fistulous ulcer on the right side of the chest, which discharged a large quantity of purulent matter, and, on examination with a probe, was found to terminate at the middle portion of the fifth rib, the surface of which was rough and denuded of its periosteum. It could not be ascertained whether the bone was carious or necrotic, nor whether the disease had begun in the rib or the soft parts. The patient was greatly emaciated, and had cough, with copious expectoration; but apparently no communication existed between the ulcer and the bronchi, and the discharge from the former was totally different from the matter expectorated, which was thick and mucous, but not purulent. After having closely watched the case, M. Roux decided upon removing the diseased portion of the rib; the operation was performed on the 24th of April in the following manner:—The integuments and soft parts surrounding the fistulous ulcer were comprised between two semilunar incisions, by which the diseased rib was laid bare to the extent of five inches; the chain saw was passed under it by means of Deschamp's needle, and a piece four inches in length removed without any difficulty; the posterior part of the rib appeared to be perfectly healthy; of the anterior, however, it was found necessary to remove a small portion more. At the lower margin of the diseased rib, there was no morbid adhesion of the costal pleura; at the upper it was completely detached from the bone, and pushed inwards by a quantity of purulent matter, which was ascertained to have no communication with the thoracic cavity. The wound was simply dressed. The removed portion of the rib was found to be carious, especially at its upper margin; the internal surface was rough and denuded of its periosteum, and its superficial layers were partially destroyed; the middle portion of the removed part was much affected, and the morbid alteration gradually diminished towards the extremities, so that the remaining fragments of the bone might be considered healthy. For two or three days after the operation, the patient appeared to be somewhat less oppressed in his respiration, though the cough and expectoration remained the same; and on the first removal of the dressings, the wound looked very well; within a few days, however, respiration became oppressed, &c., and the patient died under the symptoms of pleuritis of the right side.

On examination, the right cavity of the chest was found to contain a considerable quantity of purulent serum with albuminous flakes, apparently of recent formation; at the upper portion of the right side, the two laminæ of the pleura were firmly adherent to one another; the lungs were filled with softened tubercles; the substance of the second, third, and fourth ribs, was extremely brittle, and their internal surfaces were carious to a great extent, especially in the neighbourhood of the tubercles.—*Journ. Hebdomadaire.*

HOPITAL DE LA PITIE.

INFLAMMATION OF THE VENA CAVA INFERIOR.—VENOUS CIRCULATION BY ANASTOMOSIS.

F., ætat. 50, of a robust constitution, and habitually in the enjoyment of good health, was admitted on the 8th of May; he stated that some weeks ago he had had a fall, by which the right side of his chest had received a violent contusion. After the application of leeches, a dull pain remained, and about a fortnight after the fall, the right leg became œdematous; at the same time he felt in the right groin a sensation of uneasiness rather than acute pain, especially when he attempted to walk. On his admission the swelling of the right leg had gradually augmented, the dull pain had extended through the pelvis, and the left leg had also begun to swell; in other respects he appeared to be quite well, digestion was regular, &c. M. Louis, under whose care the patient was, considered the case as one of phlebitis, which had begun in the right crural vein, and gradually extended to the vena cava; the swelling of the right leg had, according to his opinion, been caused at the beginning of the disease, while that of the left dated only from the period when the inflammation had reached the vena cava. The cutaneous veins of the legs and abdomen were perfectly natural, the saphena only appeared to be more tense than usual. This diagnosis of M. Louis (which certainly appears to us rather hazarded) was strikingly confirmed by the further course of the disease: a few days after the patient's admission, several veins in both groins became visibly enlarged, and their development gradually extended over the abdomen up to the chest; one vein particularly was seen on each side to run up as high as the axilla: the size of these anastomotic veins within a short time considerably augmented, and became, in the two lateral ones, equal to that of a large goose-quill; if compressed they swelled below the finger, and if by a gradual compression from below upwards they were emptied, they rapidly filled again from the groin; once only it appeared as if the blood in one of the axillary veins was carried in an opposite direction; this was, however, probably owing to some impediment to the passage of the blood through the heart, and to its consequent reflux in the vena cava. The formation, or rather the unusual development of these subcutaneous veins, leaves no doubt of its being caused by a complete obliteration of the internal venous trunks, the observation also of similar cases (some of which have been communicated in former Numbers of The Lancet), strongly supports this explanation; there is, however, a very remarkable feature in the above case, viz., that the anastomotic circulation was evidently established between the subcutaneous and the subclavian veins, whilst, in most of the other analogous cases, the epigastric veins, and sometimes even the umbilical, had been the means by which this inverted circulatory movement had been carried on.

No unfavourable symptoms were observed in the above case; a slight pneumonic attack took place (perhaps from purulent matter having been carried into the circulatory system), but was readily subdued by venesection. The œdematous swelling of the extremities gradually subsided, and, on the 27th of June, the patient was well enough to leave the hospital.

HOPITAL BEAUJON.

CONTUSED WOUND OF THE SCROTUM, FOLLOWED BY FATAL TETANUS.

C. Bosselet, ætat. 16, was admitted on the 21st of June. A week ago he had fallen on a sharp post, by which he had received a wound of the scrotum, and a contusion of the abdominal parietes; the wound was only an inch long, and had been closed by two sutures, which a surgeon, who had been immediately called in, had thought proper to apply; the testicle had protruded after the accident. The wound was carefully examined, and the suture immediately removed; the lower portion of the abdomen was tense and extremely tender, and fluctuation could be distinctly felt. On the 22d, the patient exhibited the first symptoms of tetanus and trismus; the countenance was much altered, the cheeks forcibly drawn backwards, the jaws firmly pressed together, and the muscles of the neck, of the anterior surface of the chest, and of the abdomen were hard and tense; there was also slight opisthotonos; but the muscles of the extremities were not affected. The patient was put into a warm bath, and ordered to take the solution of subcarbonate of soda, alternately with an opiate mixture, and to have a vapour-bath towards the evening. After the warm bath, which had been continued for three hours, there seemed to be a slight remission in the spasmodic affection; the vapour-bath was not followed by any marked effect. On the 23d, the rigidity of the muscles had increased, and besides the muscles of the trunk, neck, and face, those of the upper extremities, the larynx and œsophagus, had also become affected; deglutition was extremely difficult and respiration laborious; the internal remedies were, therefore, entirely omitted, as

every attempt to swallow was attended with a suffocative attack. At one time breathing was suddenly for a moment entirely suspended (very likely from complete rigidity of the muscles of the chest and the diaphragm), and it was only by compressing the thorax that respiration was again restored. The attacks became, however, more frequent, and the patient died at about nine in the morning, hardly more than twenty-four hours after the first appearance of tetanus. The post-mortem examination afforded nothing of interest; the membranes of the brain and spinal chord were healthy; the veins gorged with blood, and the grey substance rather more dark-coloured than usual. The right lung was adherent to the pleura; and the right cavity of the heart filled with air. At the lower portion of the abdomen, between the muscles and the skin, there was an abscess which extended down the crural arch into the scrotum, in the cellular tissue of which, two splinters of the post were found.—*Lanc. Franç.*

DROPSY.

To the Editor of THE LANCET.

SIR,—I beg to offer to your readers the following case, as serving to illustrate, very forcibly, the truth of the pathological principles inculcated by Dr. Ayre in his work on dropsy, and as proving the important relief which may be afforded, even in the worst cases of that disease, by pursuing the treatment recommended by him.

Mrs. W——, aged 58, a tradesman's wife, of Theobald's Road, after having been for some time an invalid, came under the care of myself, and an eminent consulting surgeon. The symptoms under which she laboured were, uneasy sensations in the region of the heart, with frequent palpitation; difficulty of breathing, especially under the least exertion; inability to lie down in bed; startling dreams; troublesome cough with mucous expectoration; dropsical swellings of the trunk and lower extremities; and a very scanty secretion of urine. The treatment had recourse to consisted chiefly in the use of diuretics, with an occasional dose of elaterium as a drastic purgative, and an allowance of a nourishing diet, and gin and water as an occasional beverage. The disease continued to increase until at length the symptoms of hydrothorax had acquired their most intense form, when the patient spent her nights chiefly in her chair, or wholly upright in bed, though so great was the swelling of the thighs that even sitting upright was difficult to her. The gentleman who had attended her with me, at length declared to the friends of the patient that the case was a hopeless one, and advised that nothing but palliatives should be further employed; and accordingly withdrew his attendance. After a short interval I met Dr. Ayre on the 1st Aug., in consultation, when eight ounces of blood were directed to be drawn from the left side of the chest by cupping, a pill composed of squill and digitalis was to be taken every four hours with a grain of calomel nightly, and a drastic purge of gamboge in the morning, and an account was directed to be kept of the quantity of water passed.

The following is the report of the effects produced:—

Aug. 3. The drastic purge acted well, and without inconvenience, producing very watery evacuations. Urine two pints. Only five ounces of blood were taken, as the cupper, in my absence, expressed his surprise at the operation being ordered where there was such debility, and alarmed the patient. The patient nevertheless, felt somewhat relieved. The medicine to be continued, with a cold lotion to the legs, and a cupping to six ounces of blood to be repeated.

5. Six ounces of blood were taken; has felt further relief, and is able to recline somewhat in bed; the countenance and hands have less of the purple appearance, and the legs and thighs are less swelled, the urine amounts to three pints, and the purgative brought away nearly three quarts of water by stool. The same treatment to be continued; eight leeches to be applied to the chest.

7. The purgative has again acted well; the urine three pints; the patient felt herself greatly relieved in all her urgent symptoms, particularly in her breathing; can sleep in nearly the recumbent posture; the swellings also in her thighs are so much decreased that she can place one over the other and sit upright, and turn in bed; the pulse is now more regular and soft; the cough nearly gone. The treatment to be continued, with eight leeches to the chest.

11. Has continued to improve in all her symptoms; can lie down without inconvenience; the swellings have wholly left the upper part of the thighs and trunk; urine very abundant. The medicines continued; a blister to be applied to the left side of the chest, and another after two days to the sternum.

17. Has been quite free from her habitual difficulty of breathing during the last few days, but has, in that time, had an occasional attack of asthma, to which in former years she was subject, and which was relieved by an æther draught.

22. Has continued to improve in her general appearance and strength; water upwards of three pints daily; can lie down and sleep in the recumbent posture, so that her hus-

hand, on going into her room, was alarmed on finding her asleep in so unusual a position, with her breathing inaudible. The swellings of the limbs continued rapidly to decrease, aided by the use of oil-silk stockings, though the uneasiness in the region of the heart, with occasional palpitation, continued. From this time the patient progressively improved, and became able to walk down stairs, and engage in some of the lighter concerns of her family. She discontinued the use of her former medicines, taking only an occasional aperient, and at her own discretion. Dr. Ayre did not see her for several weeks, and I paid her only an occasional visit. At length an accidental cold which she took, renewed her cough and difficulty of breathing, and the other unfavourable symptoms, when Dr. Ayre was again consulted. But the patient having resisted his order, as she had done mine several days before, to be again cupped, she rapidly became worse, and expired suddenly the following night. The examination of the body the next day exhibited the appearances expected. There were traces of former and long-continued inflammation; the heart was extremely softened, the muscular fibres being torn or divided by the slightest effort. The aorta at its junction with the heart was greatly ossified, and a small sac was formed from it, constituting an incipient aneurism. There were two pints of water in each cavity of the chest, and an unusual quantity in the pericardium, which, as well as the other serous tissues of the chest, were greatly thickened, and united by preternatural adhesions. The lungs were sound, but washed with a serous effusion.

From the foregoing statement of facts we may, I think, assume with Dr. Ayre, that these effusions into the chest are the *effects* of inflammation, and that the urgent symptoms in the above case were not so much depending upon the actual disease, as upon the effusion which resulted from it; and that, therefore, besides using the means to remove the effused fluid, we must apply ourselves to remove also the inflammation which causes it, and that the above case, like the one you published last week from Dr. Ayre's work, proves that even in the worst cases we need not despair of success.

I am, Sir, your obedient servant,
EDWARD WHITE,
Surgeon-Apothecary.

Red Lion Street, Holborn,
12th July, 1830.

OPERATIONS AT THE DERBY INFIRMARY.

To the Editor of THE LANCET.

SIR,—I hoped that the next time I had to address you on the government and the conduct of the medical officers of the Derby Infirmary, it would have been in my power to have eulogised their new rules and regulations, as well as to have acknowledged a radical reform in the medical and surgical departments. But in this, Sir, I am disappointed, and I fear, judging by recent circumstances, that the day of congratulation is far distant. A revision of the old laws took place, or rather a new code was enacted, during the early part of March last, with all probable chance of improvement. Such indeed were the alterations, that on viewing them as a whole, they might have been considered good, and likely to be productive of general utility, though, I confess, if each rule were subjected to scrutiny, reasonable objections might be raised; for my present object, I shall content myself by singling out *one* of the faulty rules, to illustrate the necessity of a speedy remedy.

Appended to Rule 7, page 10, of the regulations of the Infirmary, will be seen the following note:—

"It being desirable that the Infirmary should be a means of promoting professional science to the greatest extent consistent with the benefit of the patient, and good regulation of the house; the governors think it proper to express their wish, that the medical men of the town may be permitted to see operations, when not attended with inconvenience."

This recommendation was proposed by the committee who met to revise the laws, in consequence of an united appeal from the surgeons of the town. Prior to the introduction of the note, the medical officers had been in the habit of consulting their whims and vagaries as to who should, and who should not, witness either their practice or their adroitness with the knife; and so far had they carried their pleasure, that on one memorable occasion, the senior surgeon (Mr. Godwin), with the greatest *sang froid*, ordered Mr. Huggins, a Derby practitioner, out of the operating theatre. At other times this gentleman has operated privately in the wards; at least, he has had only the sanction and countenance of his apprentices at the time. Such was the deplorable state of the surgical department when *Expositor* took upon himself the task of pointing out to the world, through your Journal, the effect of Mr. Godwin's lordly will, as likewise his revolting system of "hole-and-corner surgery." Since the present code of laws came into action, the governors have believed that no obstacles would be thrown in the way of the town-surgeons witnessing the operations. Such indeed were my own anticipations; but to-day, for the first time, my hopes were defeated. An operation was fixed for this morning at eleven o'clock, and, as customary, I went up with the full in-

tention of seeing it; but when on the eve of presenting myself at the theatre, I received a message from Mr. Godwin, by the house-apothecary, informing me that my company might be dispensed with." I immediately inquired personally of Mr. Godwin, whether he was incapacitated by my presence from performing those duties this office required of him, for if so, I would sacrifice my desires for the benefit of the patient. He hesitated, but at last openly confessed that it would be "inconvenient" for him to proceed in my presence, and that if I remained in the room he should postpone his operation for a more convenient season. Of course, *by the foregoing rule*, I was bound to leave, as my company was "attended with inconvenience;" and I did so, after stating to Mr. Godwin that it was in compliance with *the rules of the house*.

This renewal of illiberality will, I trust, be a lesson to all future committees who undertake the thankless and arduous duty of framing laws, to consider beforehand for *whom* they are legislating. Had they done so in the present case, the absurd introduction of the loop-hole "inconvenience" would never have taken place. It behoves the governors, therefore, at their first meeting, to amend the above rule by the omission of, "When not attended with inconvenience;" if not, it will bear the semblance of hypocrisy, for, without doubt, the note was made with the laudable intention of benefitting both the institution and the medical profession, and it becomes their duty to arrest that which is clearly found to be ineffective. If such a course be not pursued, governors may again expect to hear of their senior surgeon practising "hole-and-corner surgery;" of his again transfixing the iris in the operation of cataract—of his again removing a healthy testicle as a cure for hydrocele—of his again operating for an incarcerated femoral hernia, without either opening the sac or dividing the stricture. By the admission of the town practitioners, a guarantee is obtained that the public will be protected, and without it I feel assured, little benefit will attend the unfortunate sick who fall under the charge of Mr. Godwin.

I have just heard that Mr. Godwin, by way of acquitting himself for the conduct of which I have complained, asserts that he will not permit any individuals but *his friends* to be present during his exhibition of manual dexterity. This is, indeed, ridiculous. Does Cooper or Lawrence, or any other surgeon of well-known merit, before he commences an operation, ask of the gazing throng, whether they are his friends or his enemies? Do they degrade themselves by admitting this man and rejecting that? No, no; men of talent pursue a more enlightened path; they like to meet their enemies in the field, that the public eye may have an opportunity of appreciating or censuring. What, then, shall we say of this conduct in a man of inferior attainments—in a man who has proved himself incompetent for the duties of his office?

I am, Sir,
Your very obedient servant,
HENRY F. GIBBORNE, M.R.C.S.
Green Lane, Derby, July 10, 1830.

UNIVERSITY OF LONDON.

A Pupil of this Institution has forwarded to us the following statements in reply to the animadversions made by Dr. Birkbeck at the last meeting of the proprietors of the London University, on the acquirements and conduct of Mr. Eisdell, one of the pupils with whom the expression of dissatisfaction on the subject of Professor Pattison's lectures originated:—

In the first place (the writer observes), it is not true that this student is *ignorant*; for, he carried off the gold medal in Dr. Grant's Class of Comparative Anatomy, from pupils who had hitherto surpassed him, and from all those who had received the highest honours in the various classes of anatomy; it would be idle to attempt to show that no man can be a good comparative anatomist, who is not well acquainted with the structure and arrangement of the human body. I have myself heard Dr. Grant state publicly, that Mr. Eisdell distinguished himself above Mr. Phillips and Mr. Blackmore (our two best anatomists) chiefly by his accurate views regarding the anatomy of the development of organs,—the highest grade in the science, and that, indeed, which has been the source of the fame of Cuvier, Blainville, and Meckel.

Secondly; There is not one of Mr. Eisdell's fellow-pupils who has not the highest respect and esteem for him, and it is the intention of at least one half of the class, to come forward to present Mr. Eisdell with some token of their respect for his talents, and their admiration of the independent and noble spirit which led him, without consulting any one of them, to come forward and vindicate the credit of the school, by informing the Council of the slovenly and imperfect character of the anatomical lectures. There is, moreover, none of the professors under whom Mr. Eisdell has studied, saving Professor Pattison, who has not declared himself pleased with the acquaintance of that Gentleman, and confident of his superior acquirements.

Thirdly; Mr. Eisdell's charge has been called an "*ignorant* accusation." Mr. Eisdell's charge is not founded in ignorance,

It amounts to this, that Professor Pattison is so negligent in the delivery of his lectures, that if he be a scientific anatomist, the pupils are unable to discover it. That the Professor neglects to link together any of the numerous facts which he crowds upon the notice of his pupils, by a judicious arrangement, or by physiological remarks; that he, in fact, makes no reference whatever to regional, functional, developmental, or comparative anatomy. Not to descend to minutiæ, these are grave, serious, and important charges, neither *frivolous, vexatious*, nor *ignorant*. Nor are these charges supported by Mr. Eisdell alone, but by seventeen of his fellow-pupils; in fact, by every one of the gold-medalists, and by all the men who have distinguished themselves. Indeed, Professor Pattison's inadequacy has been the theme of conversation during the long and tedious session; the benches of his class-room have been deserted, and sometimes only two men have come to his examinations. Are these proofs of the *truth* of Mr. Eisdell's charge, or of its *ignorance?*

Had Mr. Eisdell not been out of town, I should have left him to himself to answer this attack, made while he was absent. As it is, I close my letter by stating that even Professor Pattison's favourite pupil and gold-medalist, has signed the allegation of the Professor's ignorance.

A Lover of Truth and
Pupil of the London University.

BOOK FOR REVIEW.

An Inquiry as to the expediency of a County Asylum for Pauper Lunatics. Second Edition. By W. Palmer, D.D., a Magistrate for the Counties of Devon and Somerset. Exeter: Trewman and Co. 1830. pp. 36.

TO CORRESPONDENTS.

Prior ——. The facts are sufficient; the motives do not concern us.

A Surgeon. Undoubtedly. The society must fail. It bears too much of the aspect of a "hole-and-corner" birth to receive the support of the influential members of the profession. It is a curious way of increasing "respectability," to descend from the title of surgeon to that of general practitioner. A conveyancer, in order to elevate the general character of his calling, would scarcely assume the appellation of pick-pocket. It is all fudge, and the most active know the least. Prepare to support the London College of Medicine. Success is certain. *Benighted* influence no longer thrives at Court. Hal may be active, but the Fond is no longer considered to be either safe or sound.

F. We are not aware that there are any "lectures" on midwifery delivered to females; but we believe that women are practically instructed in that department of the profession, by the experienced matron of the Lying-in Institution in the old City Road.

Dr. Burton denies that he solicited for the situation of ale-conner.

Justus. A true bill was found by the grand jury; but the matter has been hushed up. Who quoted the catechism, in order to obtain the expulsion of a deserving member of the profession? How feels the old man now? Is he another Roman father? Botany however is a science, and of course it was not "unprofessional" to cultivate the rape plant.

Expositor. In due time. His conduct has been foolish, if not vicious.

No Dun. Dr. Macmichael was registrar to the College in Pall Mall East, and he is now private secretary to Sir Henry Halford. Dr. Hawkins is clerk to Dr. Macmichael. The carpet-shop is in Holborn, and the proprietor disclaims the letters of "Medicus," because they are so exceedingly prosy, illogical, and illiterate. At the hospital about twelve, and at Lord ———'s about four. The Princess's carriage arrives every morning from Kensington at about eight o'clock.

A Parent. We are not sufficiently well acquainted with the school kept by Dr. Paris's mother, in Bishopsgate Street, to recommend it, but we have heard that it is conducted upon very high moral principles. The crime of *plagiarism* is held in great abhorrence.

Zeta. If such a contradiction had been received by us, it would have been published.

Reformer. We do not think that Bedford could be made available for the purpose. The electors there, are, generally speaking, men of spirit and character, but their local interests are too strong to allow them to be altogether independent. With regard to Lord John Russell, a more miserable creature, in the shape of a reformer, never moved upon the face of this earth. He can *talk* about giving liberty to the Greeks, and at the same time work night and day to deprive Englishmen, aye, and his neighbours too, of popular rights and privileges which they had enjoyed from time immemorial. The bill which he brought into, and smuggled through, parliament for the government of St. Giles' and St. George's, Bloomsbury, would have been a disgrace to a Caligula.

Erratum.—In the review of Mr. King's Translation of Cloquet, page 584, col. 2, line 51, for "parcoumes" *read* parcourues.